IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR John D. Scott DATE 12-15-99 PERMIT NO. _____

PHONE: Business _____ Home 873-6795

LOCATION _____

_____ S. R. No. _____

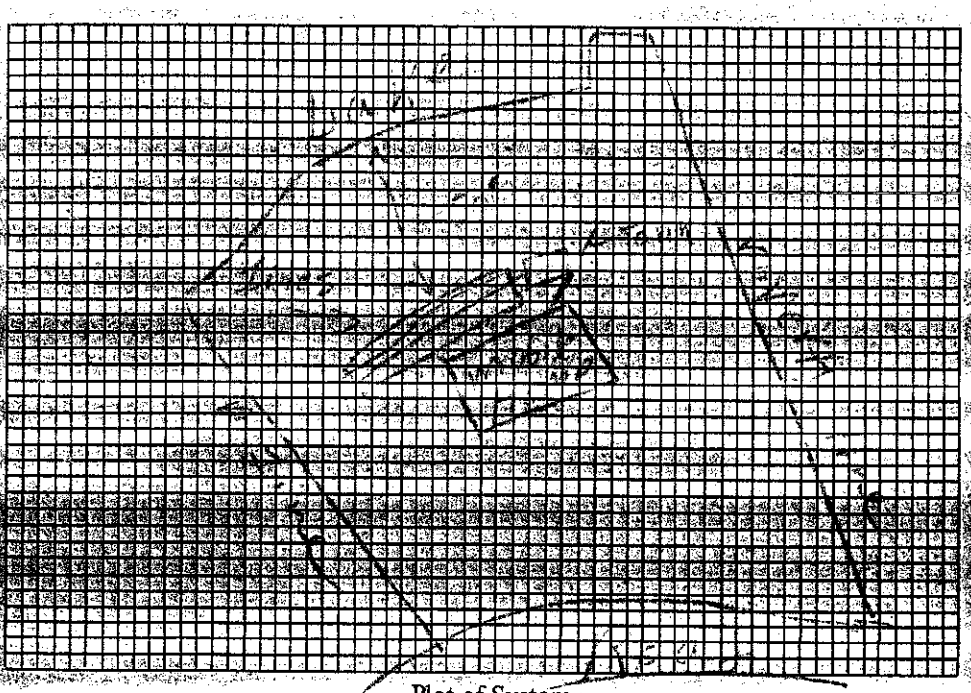
SUBDIVISION NAME Lake Norman LOT NO. 154 SECTION OR BLOCK NO. 11

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 562 Linear Ft. 2
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Trench next to house

Installed by [illegible]

IMPROVEMENTS PERMIT BY _____

COMMENTS: System is adequate for house 5 bedroom maximum home

CERTIFICATE OF COMPLETION BY _____ DATE 12-15-99

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Health Dept. Copy - White Inspection Dept. Copy - Yellow Sanitarian's Copy - Pink Owner's Copy - Gold