4498 Hoke, Charles W 41498

IREDELL COUNTY HEALTH DEPARTMENT

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

13625

OWNER OR CONTRACTOR MICHAEL LUNAY DATE 10/30/91 PERMIT NO. 3Q-A-37

PHONE: Business _____ Home _____

LOCATION I-40 W, TR SHARON SCHOOL ROAD, TL PRIVATE ROAD (GUN CLUB ROAD) ~ 1 MI PAST SHARON MKT, AT END OF L. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

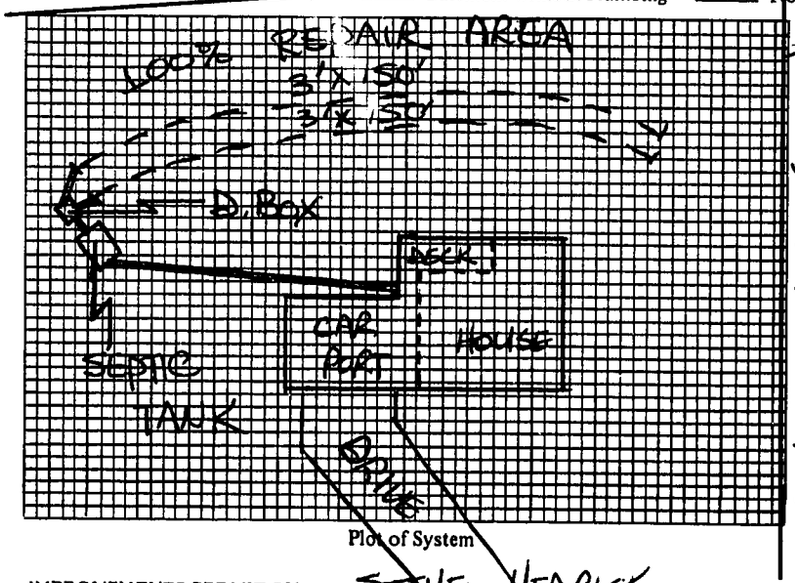
House (✓) Mobile Home (✓) Business ( ) Other MH TO BE REMOVED UPON HOUSE COMPLETION

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 GPD / FT2
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15% NS
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	> 4'
			Rock or other impervious formations	SCATTERED ROCK

Lot Area 0.8628 AC LAKE FRONT HIGH WATER MARK

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ACP 9/13/91



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓) NEIGHBORING WELL
Public ( )

Installed by A-1 BACKHOE

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: ⊗ WELL AREA

① 1250 GAL S.T. INSTALLED
② REPAIR AREA BELOW SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 10/30/91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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