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IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Lawrence Hardwick DATE 5/2/91 PERMIT NO. ——

PHONE: Business ______ Home 892-1201

LOCATION 732 Lakeshore Dr., TR off Longtree Rd, on (R) at lake

S. R. No. ______

SUBDIVISION NAME Lake View Shores LOT NO. ______ SECTION OR BLOCK NO. ______

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 ( )

Character & Porosity of Soil poor soil condition/moroom

Percolation Rate ,

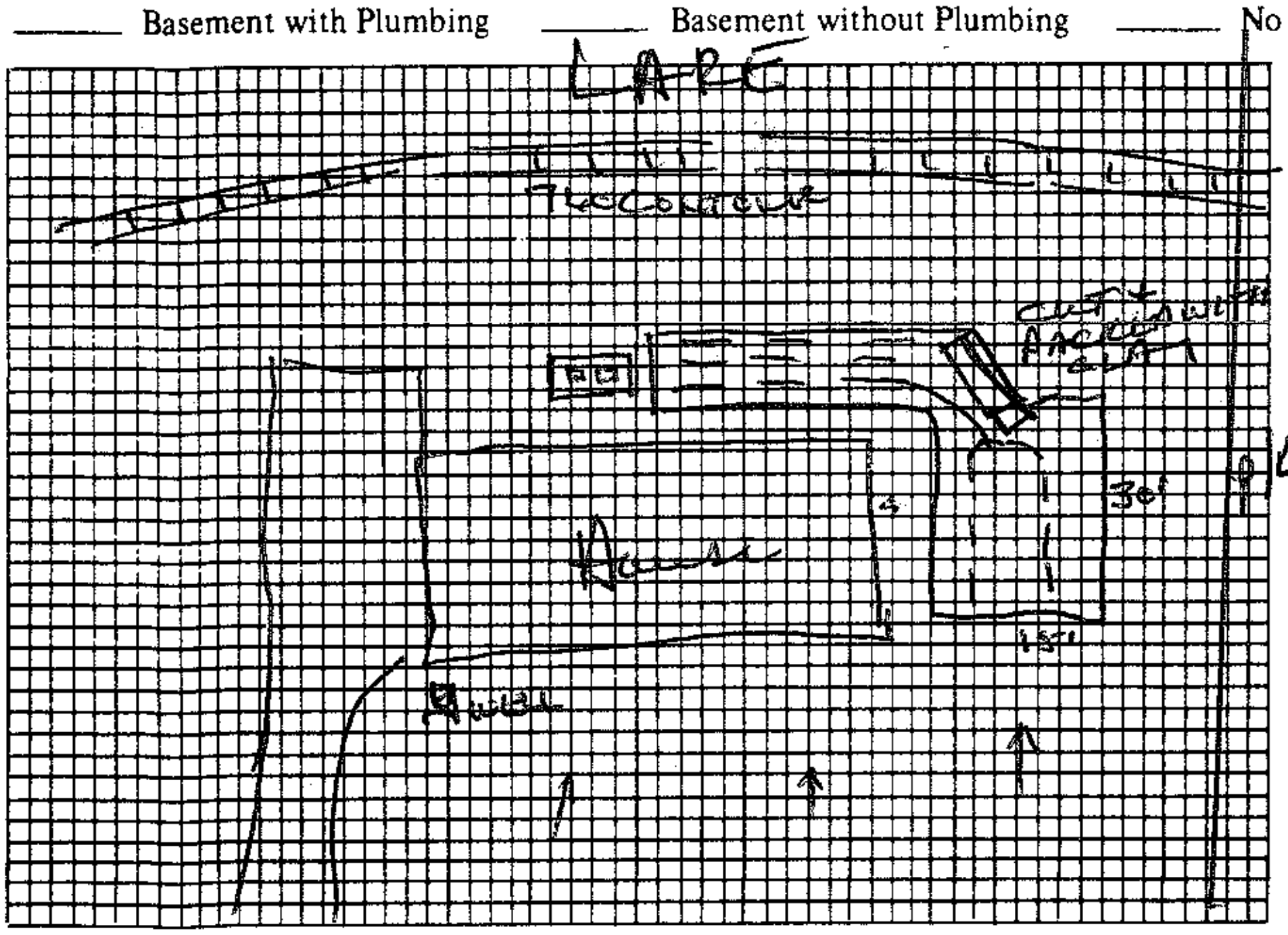
Topography 2-6%

Depth to Water Table 40"

Rock or other impervious formations large stones.

Lot Area ______

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank Existing 1000 Gals.

Nitrification Field:

No. of Lines ______

Sq. Ft. 453' Linear Ft. ______

Depth of Stone in Lines 18"

Water Supply: Individual (✓)

Public ( )

Installed by Jegnon

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

Signed: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: Very poor, mottled soil conditions. D/Well will need to be relocated in future for further repair. Any other work must come upslope toward Lakeshore Dr. and be pumped.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/2/91

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