4616-98-8202

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 ABJ Construction DATE 5-29-87 PERMIT NO. 472

PHONE: Business _____ Home _____

LOCATION 1100 TR1115 TR 2nd 1455 (West Lakeview) 1/4 mile on left near end of pavement 732 Lakeview Shores S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 234 SECTION OR BLOCK NO. 8

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

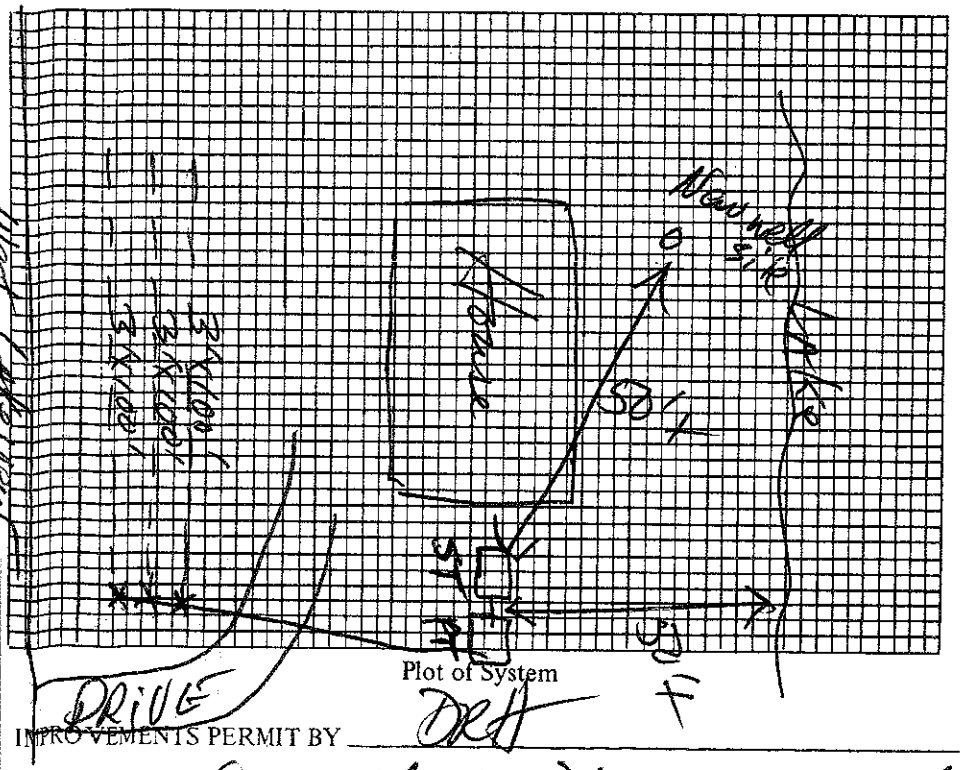
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4 to 9	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'	
			Rock or other impervious formations	none obs.	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 gal pump tank



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓) New
Public ( )

Installed by J R Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Any part of existing sewage system within 50' of new well site to be dug up and removed.

Old well abandoned according to NRCO standards.

CERTIFICATE OF COMPLETION BY DR Hinson, R.S. DATE 5-29-87

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