4616997273

0-7592

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 J. Earl Pope DATE Sept. 16, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1415 TR 1455 R Abbot TL Lakeview
1/2 mile on Rt.

SUBDIVISION NAME OLST Lake Norman LOT NO. 245 SECTION OR BLOCK NO. 8 S. R. No. _____

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

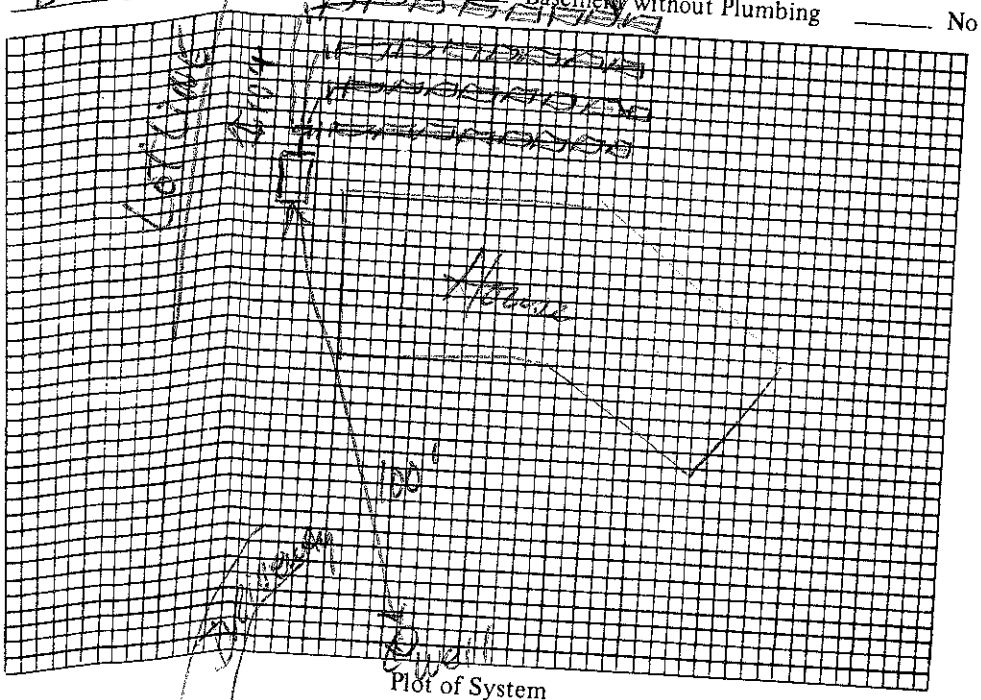
No. Bedrooms 4 No. Bathrooms 4½

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable ~~(S)~~ Yes (✓) No ( )

Lot Area ½ AC ±

Character & Porosity of Soil clay
Percolation Rate 35
Topography Rolling
Depth to Water Table 4'+
Rock or other impervious formations none obs.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 230' of
Depth of Stone in Lines 16" to 24"
Water Supply: Individual (✓) panels
Public ( )

Installed by J Gervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: SR 1455

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE 9-16-88

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

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