P# PERMIT #
07592

11,500

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 11/16/87 PERMIT NO.

PHONE: Business 800-255-8398 Home (704) 527 6400

LOCATION SR 1100 TR Mckendree TR Lakeview

TL Abbot TL LAKEVIEW 5/10 - 6/10 mi. on R. S. R. No.

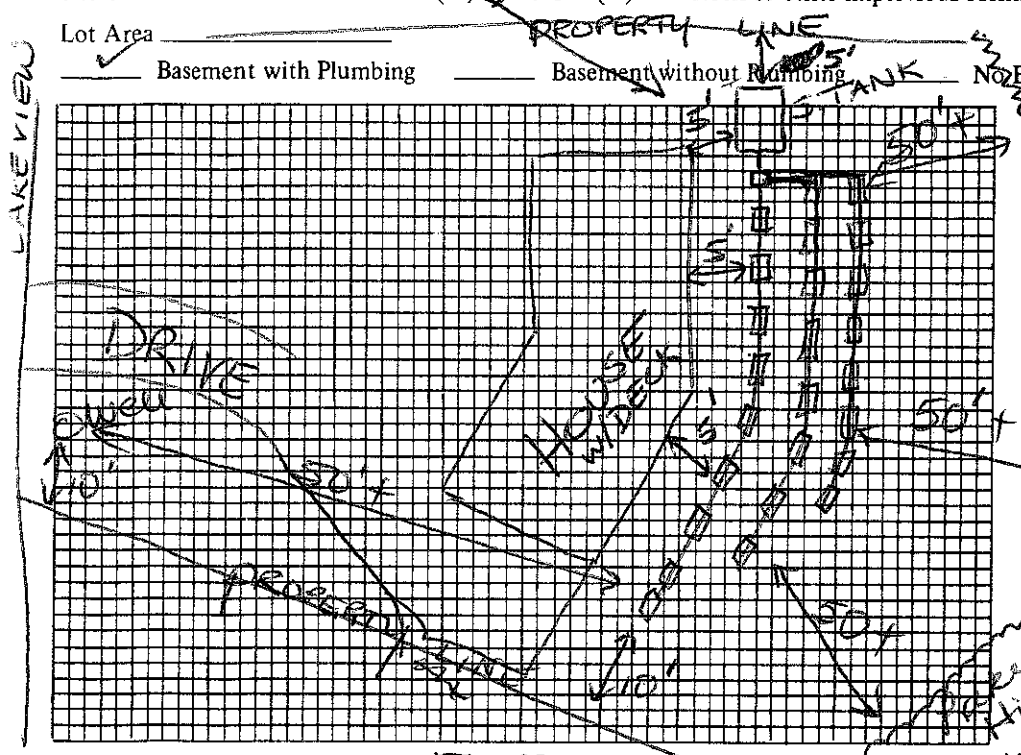
SUBDIVISION NAME LOT NO. 245 SECTION OR BLOCK NO. 8

House (4) Mobile Home ( ) Business ( ) Other

No. Bedrooms 4	No. Bathrooms 4 1/2	Character & Porosity of Soil	Clayey
Garbage Disposal Unit	Yes (4) No ( )	Percolation Rate	~.35 gpd/ft²
Auto. Dishwasher	Yes (4) No ( )	Topography	~ 4-6%
Auto. Wash. Machine	Yes (4) No ( )	Depth to Water Table	4'+
Site Suitable	Yes (X) No ( )	Rock or other impervious formations	none observed

Lot Area

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System NTS

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. ___ Linear Ft. 230' of

Depth of Stone in Lines 16" T&I

Water Supply: Individual (4 PANELS

Public ( )

Installed by

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

Signed: J. Earl Pope

IMPROVEMENTS PERMIT BY Andrew C. Pierce

COMMENTS: keep system shallow and on contour. ON GRADE.
USE 4" pipe w/ SPEED LEVELERS — REDUCING TO 2"
PIPE FOR PANEL DRAINLINES

CERTIFICATE OF COMPLETION BY ___ DATE

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