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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 William M. Batchelor DATE Jan. 29, '88 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1100 TR 1115 (McKendree) TR E. Lakeview (1455) TL Abbot TR Lakeview 3rd lot on left ____ S. R. No. ____

SUBDIVISION NAME CLDT LAKE NORMAN LOT NO. 270 SECTION OR BLOCK NO. 8

House (✓) Mobile Home ( ) Business ( ) Other Addition - Remodeling

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes ( ) No ( )

Lot Area Existing

Character & Porosity of Soil ____

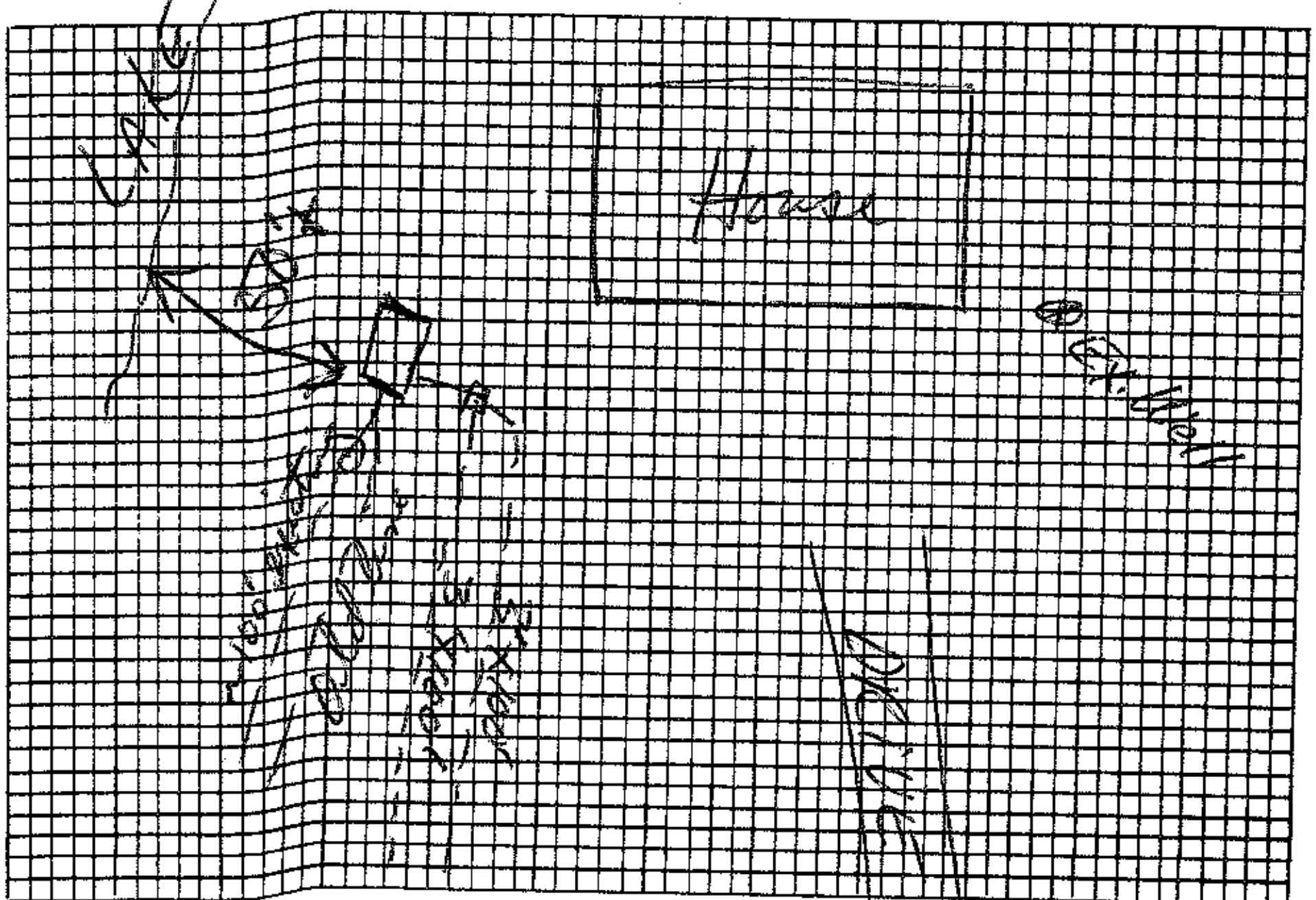
Percolation Rate ____

Topography ____

Depth to Water Table ____

Rock or other impervious formations ____

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2 (Addition)

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by ____

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

Signed: X WM Batchelor

IMPROVEMENTS PERMIT BY DR Henson, RS

COMMENTS: *Lot must be reclaimed to provide 50' minimum distance from lake 760 elevation (high water mark) to the existing sewage system. If existing system does not have D-box, set new tee and new box. Check tank & pump if necessary.

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