2.00

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 Anne Sherrill DATE 11-27-84 PERMIT NO. 322

PHONE: Business _____ Home _____

LOCATION: 1400 TR, 1115 TR 1455 TL 1292 (Abbot Road) 1600 FT ON R ON 1455 (Lakeview) R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 1622 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Clay

Garbage Disposal Unit Yes ( ) No (X) Percolation Rate 0.5 GAL/ft²/day

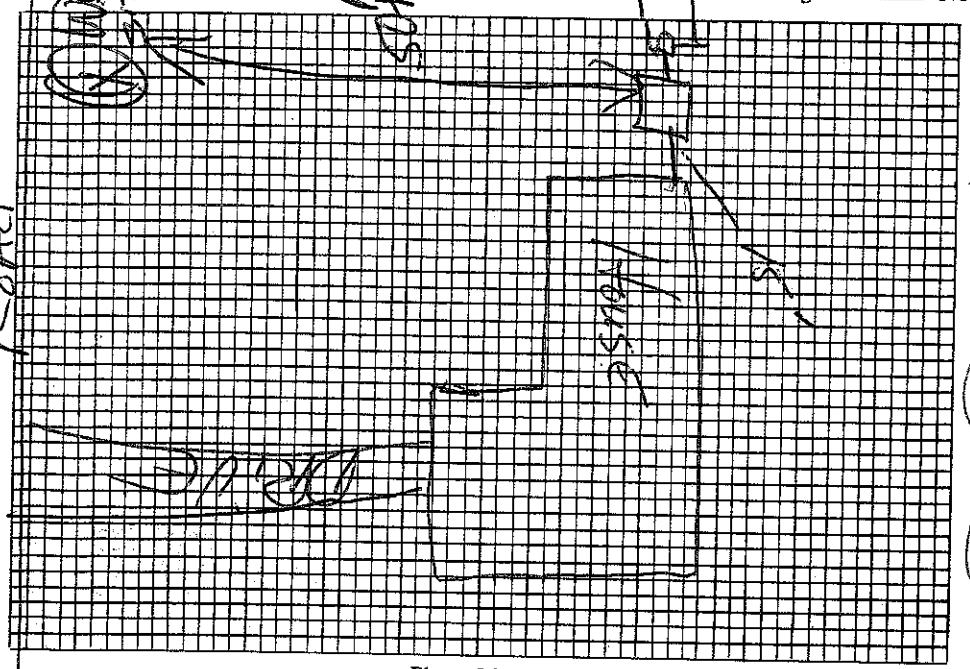
Auto. Dishwasher Yes (X) No ( ) Topography 2-10%

Auto. Wash. Machine Yes (X) No ( ) Depth to Water Table _____

Site Suitable Yes (X) No ( ) Rock or other impervious formations NONE OBS.

Lot Area 20,000 FT²

(X) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 24

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: Anne Sherrill

IMPROVEMENTS PERMIT BY Fred Clemmons

COMMENTS: Keep system shallow, follow contours divert surface water

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