4626-29-5910

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 Jim Rickard DATE 10-9-86 PERMIT NO. 548

PHONE: Business _____ Home _____

LOCATION 1100 SR 1115 SR 1455 (E. Lakeview) on Rt across from Abbott 142 Lakeview Shores Loop S. R. No. _____

SUBDIVISION NAME L.V. LOT NO. 1610 SECTION OR BLOCK NO. 8

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

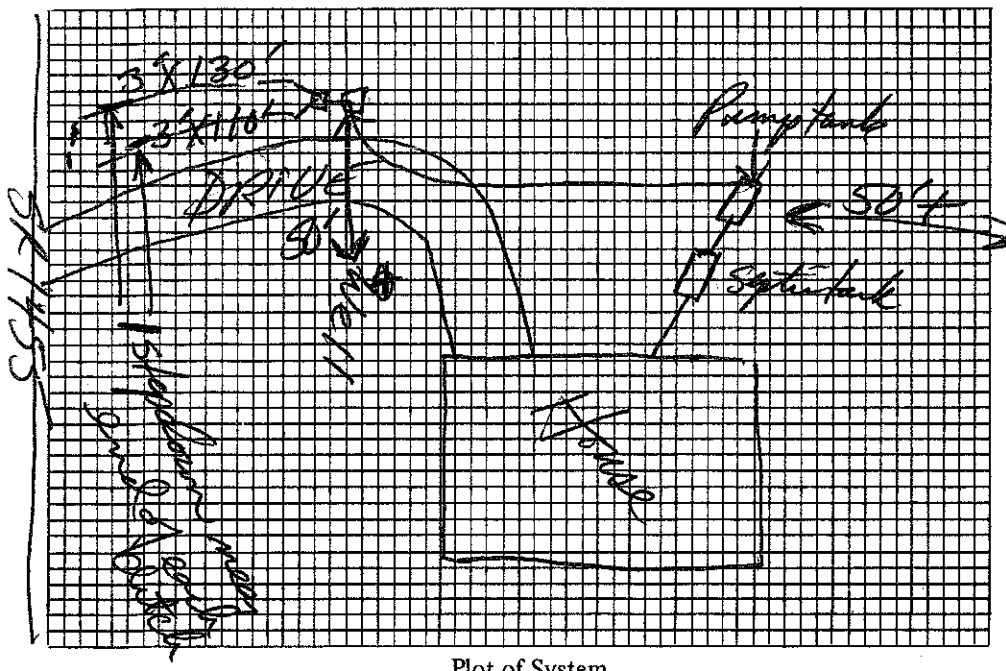
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	5	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15% (at drainfield)	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4ft	
			Rock or other impervious formations	none obs.	

Lot Area 20000sq ft

✓ 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 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by H J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY JAC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hunsucker DATE 10-9-86

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