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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 Kevin Murray DATE Oct 12, '88 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1100 TR 1115 TR 1455 (E. Lakeview) TL Abbot TR Lakeview .4 mile on left S. R. No. ____

SUBDIVISION NAME CL&T Lake Norman LOT NO. 278 SECTION OR BLOCK NO. 8

House (✓) Mobile Home ( ) Business ( ) Other Addition of 1 bedroom & bath

w/Addition
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes ( ) No ( )

Character & Porosity of Soil clay

Percolation Rate 2.4

Topography 4-8%

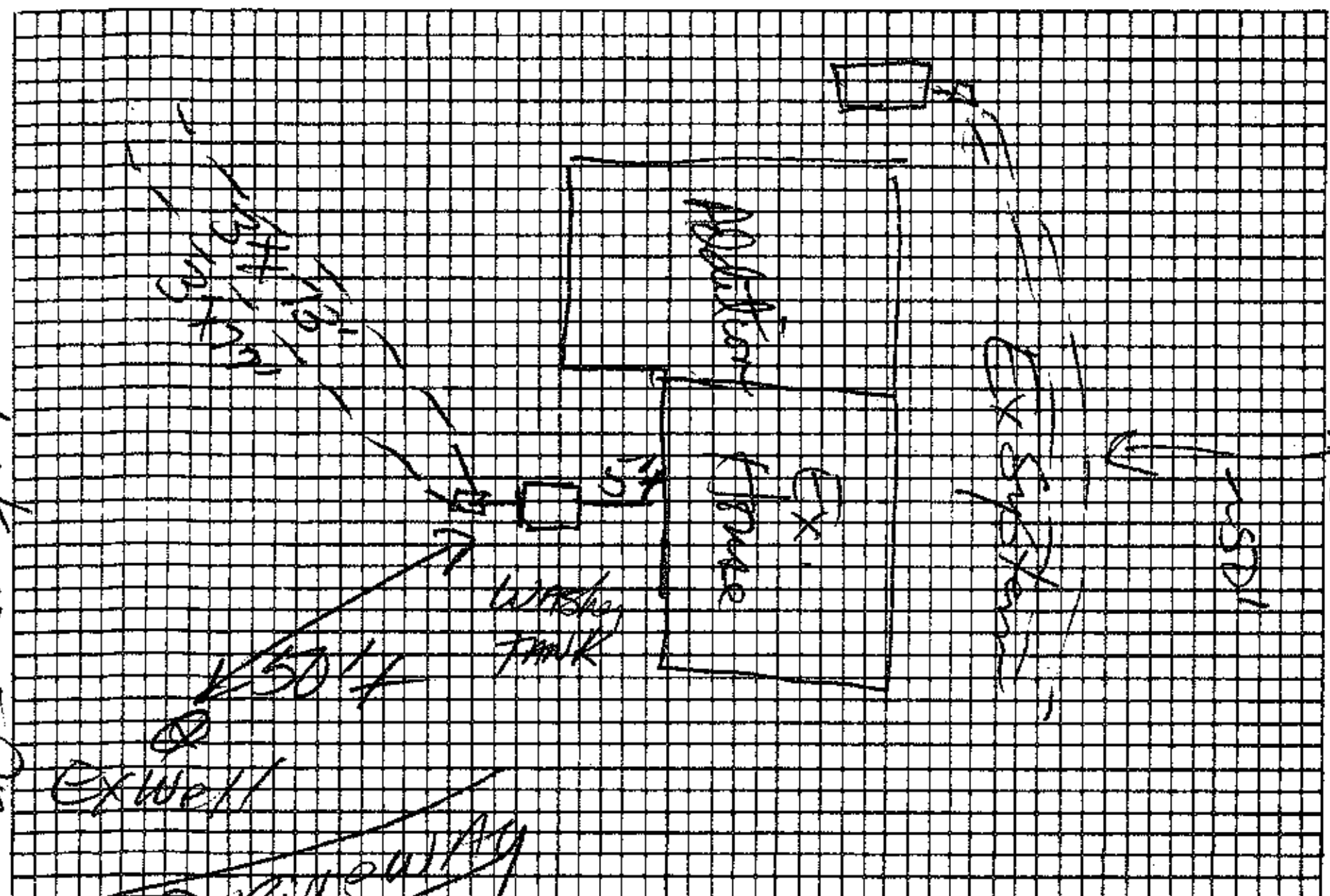
Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area Existing

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement

Washer system



Size of Tank 75 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Jeff Pelchat

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

Signed: ____

Lakewood Dr.

Plot of System

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: ____

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE 10-12-88

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