4627 10 7558

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 Brenda Lewis DATE 12-16-86 PERMIT NO. 635

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 (E. Lakeview) TL Abbot TR E. Lakeview 1/2 mile on Lft

SUBDIVISION NAME L.N. LOT NO. 1619 SECTION OR BLOCK NO. 8 S. R. No. _____

Garage Apt

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

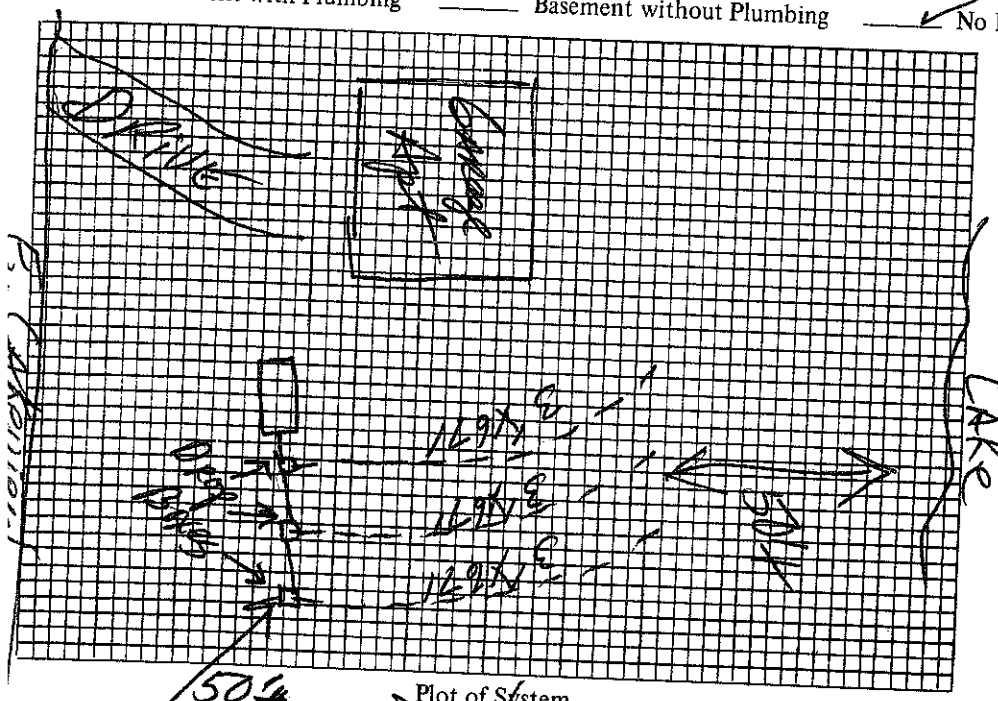
No. Bedrooms 1 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 1.26 Ac

Character & Porosity of Soil Clay
Percolation Rate 10-15 MPI
Topography 4%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Calvin Huffman

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Bed

CERTIFICATE OF COMPLETION BY [signature], RS. DATE 12-16-86

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