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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 Dary + Deri Olstad DATE 11/27/91 PERMIT NO. 2L-3-A-293

PHONE: Business _____ Home 664-4142

LOCATION Lakeview Dr, 1100, TR 1115, TR E. Lake View, TL Abbot, TR Lakeview, ~ 1/2 mile on L S. R. No. _____

SUBDIVISION NAME CL+T LOT NO. 293 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil P - c - SS

Percolation Rate P .30 B - 2-30

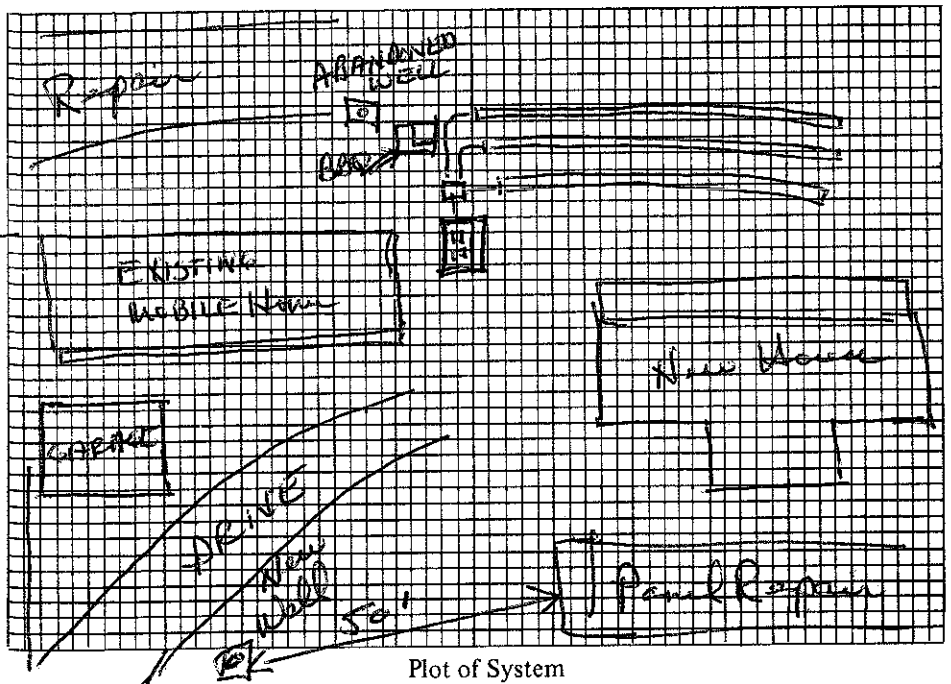
Topography

Depth to Water Table 3 1/2'

Rock or other impervious formations None observed

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3 @ 70' x 2'

Sq. Ft. _____ Linear Ft. 210

Depth of Stone in Lines 24" Sand

Water Supply: Individual (✓)

Public ( )

Installed by F J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Old well abandoned on 11/27/91 - new trenchfield 15' from old casing.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 7/27/91

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

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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 Gary & Geri Olstad DATE Sept. 12, '91 PERMIT NO 2L-3-A-293

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) TR E. Lakeview TR Abbot TR Lakeview - ½ mile on left S. R. No. _____

SUBDIVISION NAME Crescent - Lake Norman LOT NO. 293 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3	No. Bathrooms 2½	Character & Porosity of Soil	PS clay
Garbage Disposal Unit	Yes (✓) No ( )	Percolation Rate	1-3
Auto. Dishwasher	Yes (✓) No ( )	Topography	~4%
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	3½'+
Site ~~Suitable~~ PS	Yes (✓) No ( )	Rock or other impervious formations	none obs.
Lot Area Existing ½-¾A			

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 24" sand

Water Supply: Individual (✓) PVC (panel block 16")
Public ( )

Installed by _____

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

Signed: Gary L. Olstad

IMPROVEMENTS PERMIT BY Darrell R. Hinson, RS.

COMMENTS: New well site * Existing well to be properly abandoned w/ H.D. Representative present. East Lakeview Dr. Existing M.H. to be removed once house is complete. Follow contour w/ drainfield, keep shallow (6"-12" cover)

CERTIFICATE OF COMPLETION BY All system to be removed and sealed DATE _____

EXISTING SYSTEM CHECKED BY: Landfill 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