III 4627-21-0579

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 Larry Edwards DATE 7-24-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 ~ 1½ miles on Rt. 314 Lakeview Shores Loop S. R. No. _____

SUBDIVISION NAME CL&T Lake Norman LOT NO. 310 SECTION OR BLOCK NO. 8

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

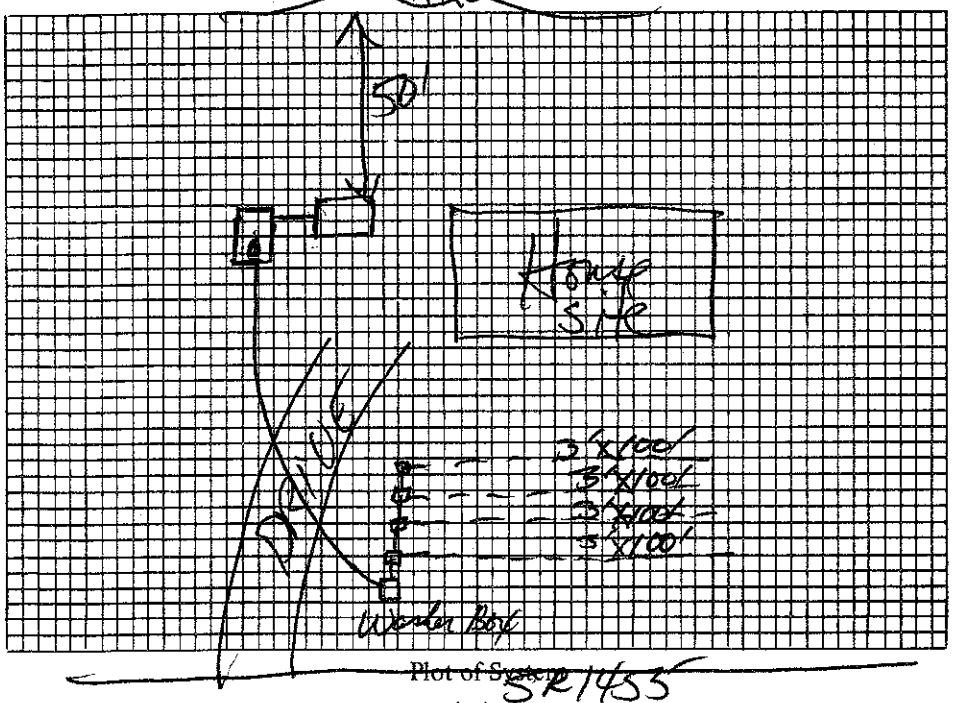
No. Bedrooms 4 No. Bathrooms 2-3

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

Character & Porosity of Soil clay
Percolation Rate 2 & 4
Topography 10-15%
Depth to Water Table 4 ft
Rock or other impervious formations some clay
1000 gal pump tank

Lot Area ~3/4 Ac.

___✓___ Basement with Plumbing CAVE Basement without Plumbing _____ No Basement



Plot of System SR 1455

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )
well

Installed by Orbison

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

Signed: _____

IMPROVEMENTS PERMIT BY KRS

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE 7-24-87

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