09619

IV

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 Charles H. Wells DATE 9/7/89 PERMIT NO. 2L-3-A-332

PHONE: Business _____ Home 664-5242

LOCATION 1100 TR Mc Kendrie TR Lakeview On R. about 1/2 way round drive S. R. No. _____

SUBDIVISION NAME C Land T LOT NO. 332 SECTION OR BLOCK NO. 8

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

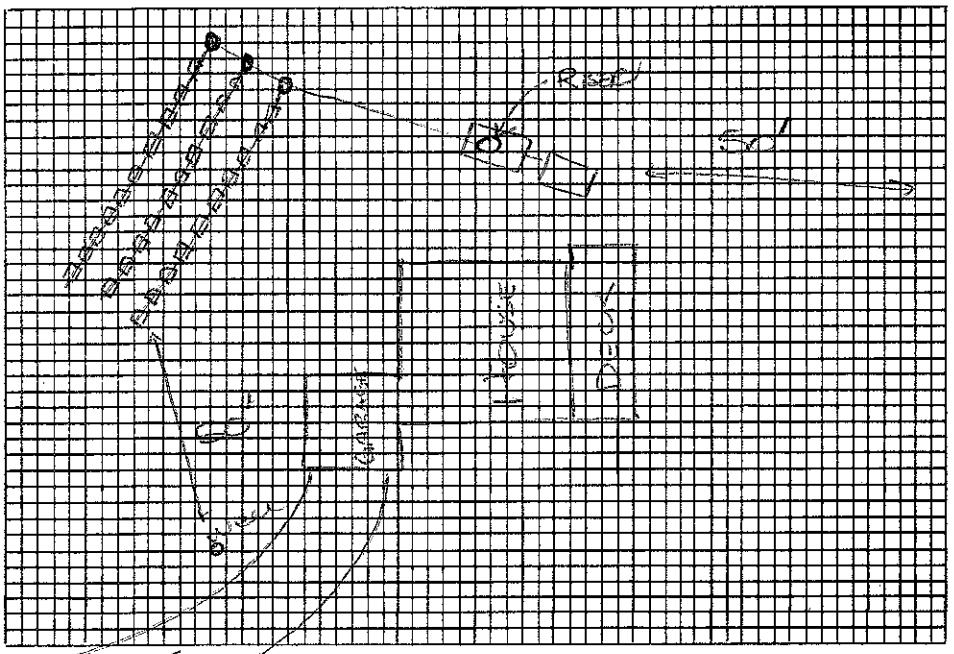
No. Bedrooms 3 No. Bathrooms ~2

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

Character & Porosity of Soil Clayey
Percolation Rate ~.35 bpd/ft2
Topography 2-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement PT: 1250



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. 225' of 16"
Depth of Stone in Lines T and J panels.
Water Supply: Individual ( )
Public ( )

Installed by Wayne Osborne

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Used manufactured home, was abandoned property.

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S. DATE 9/7/89

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