IREDELL COUNTY HEALTH DEPARTMENT ~~4034-79-~~ 0788

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Mattice DATE 6/8/89 ~~PERMIT NO.~~ 21C

PHONE: Business _____ Home 664-4044

LOCATION 115 S. T.R. Langtree On R. before 2nd Lakeview Shores

SUBDIVISION NAME Lakeview Shores LOT NO. 2-A SECTION OR BLOCK NO. _____ S. R. No. _____

Davidson 2B-1-C-2

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

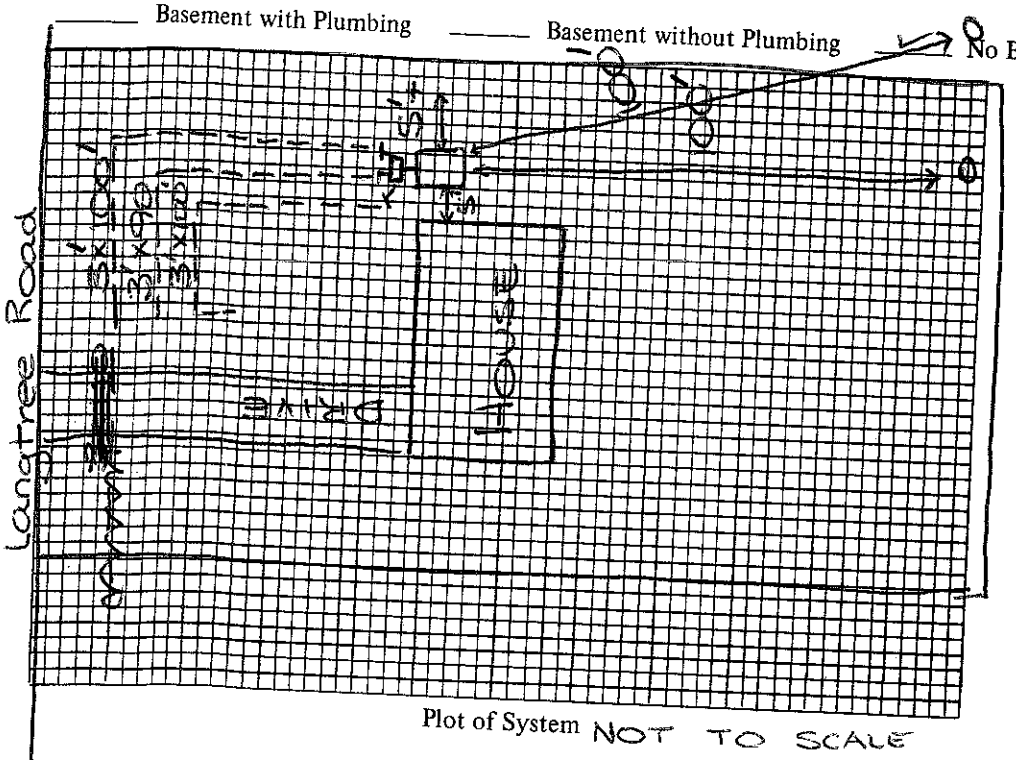
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20000 ft²

Character & Porosity of Soil Clayey
Percolation Rate .49pd/ft²
Topography 20% - 40%
Depth to Water Table 4'+
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S.

EXISTING SYSTEM CHECKED BY: _____ DATE 6/8/89

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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