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 Latheen Honeycutt DATE 3-1-82 PERMIT NO. 43

PHONE: Business _____ Home _____

LOCATION 115 TR1102 TR1216 go to curve on left

S. R. No. _____

SUBDIVISION NAME Lakeview Shores LOT NO. 7, 8, 9 SECTION OR BLOCK NO. _____

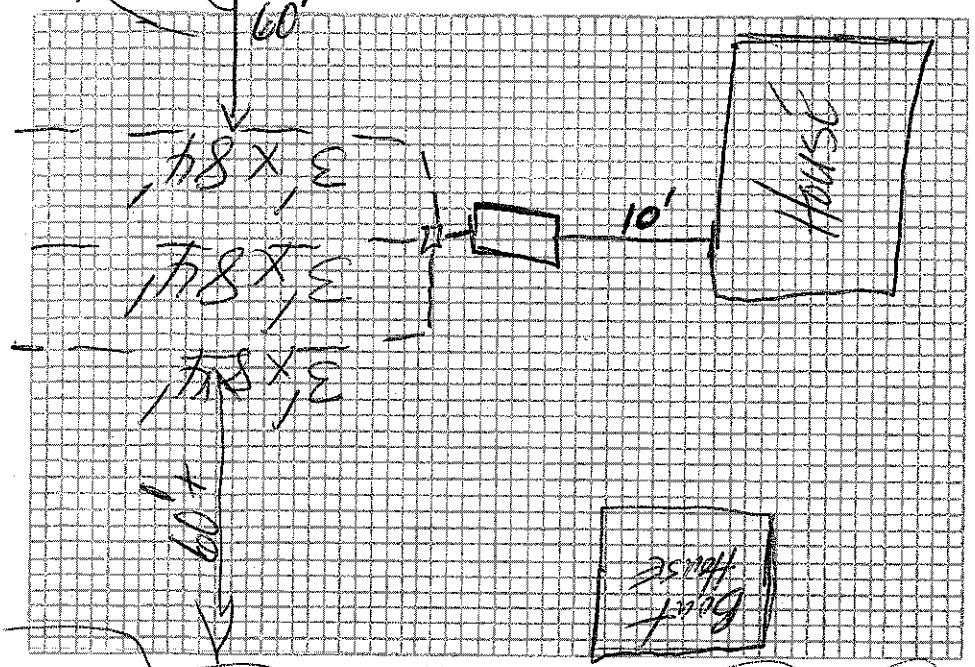
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area ~2 ACRES

Character & Porosity of Soil Clay loam
Percolation Rate Slow
Topography 3-6%
Depth to Water Table 4+
Rock or other impervious formations None observed

(X) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by J.R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 3-11-82

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