4635-80-1686

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 Bill Barnette DATE 6/20/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) TR Lakeshore Drive
~ 1/4 mile on left S. R. No. _____

SUBDIVISION NAME Lakeview Shores LOT NO. 13 & 14 SECTION OR BLOCK NO. _____

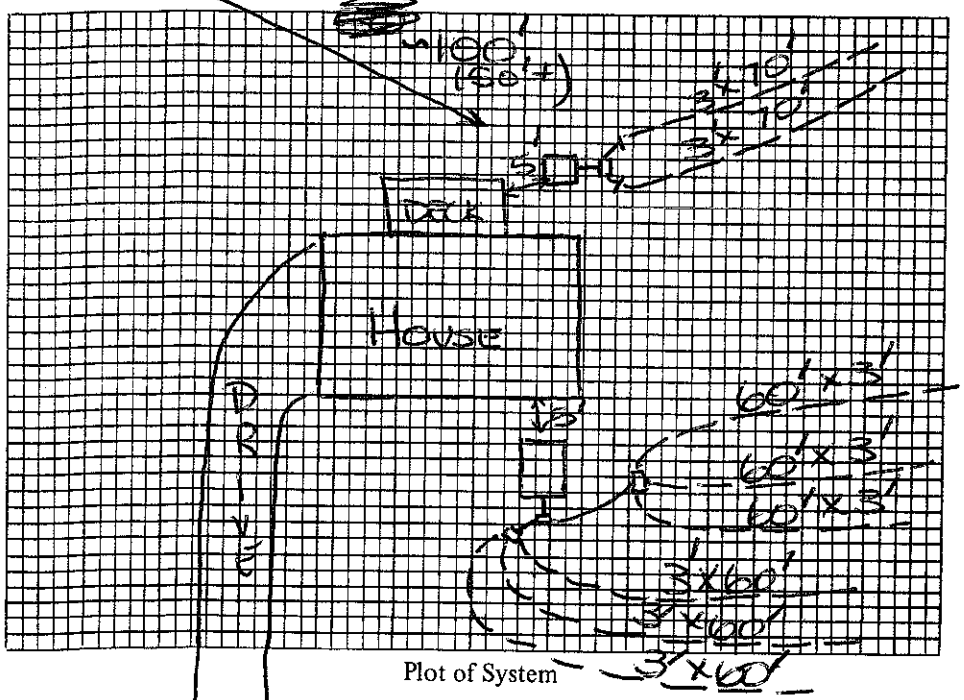
House (✓) Mobile Home ( ) Business ( ) Other *Relayout due to reversal of houseplans

No. Bedrooms 4 No. Bathrooms 3½
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Shallow P.S. clay
Percolation Rate .3 - .35 gpd/ft²
Topography 2 - 4%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 1A. Well

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement Split system



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 1980 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by J. J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Preuss DRH

COMMENTS: DRH checked main system

CERTIFICATE OF COMPLETION BY Andrew C. Preuss, R.S. DATE 6/20/89

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