IREDELL COUNTY HEALTH DEPARTMENT 4635805252

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

OWNER OR CONTRACTOR Fred Atkerson DATE 9-1-83 PERMIT NO. 299

PHONE: Business _____ Home _____

LOCATION 1155 TR 1102 XI77 About 2 Mile onR between the two entrances to Lakeview Shores

SUBDIVISION NAME Lakeview Shores LOT NO. 8 SECTION OR BLOCK NO. A

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

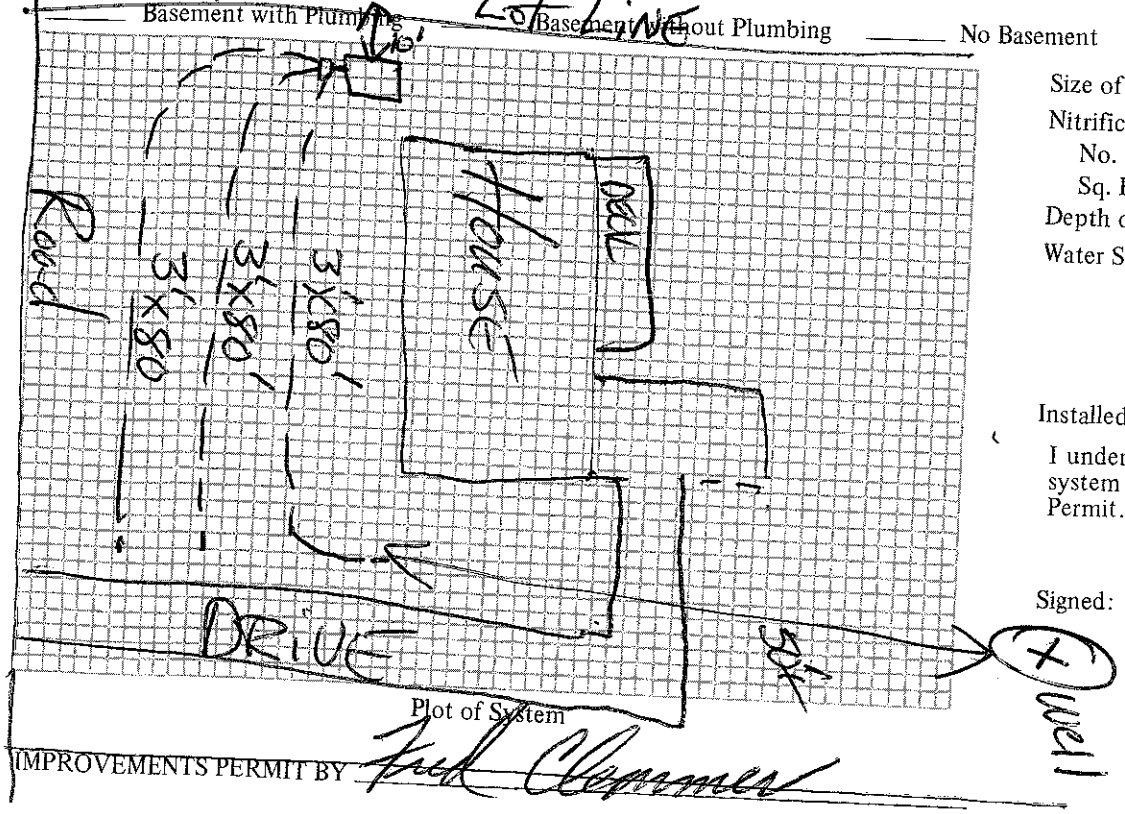
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 Ft2

Character & Porosity of Soil Clay loam Ft2/day
Percolation Rate 0.5 gal/ft2/day
Topography 20%
Depth to Water Table _____
Rock or other impervious formations None Observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240'
Depth of Stone in Lines 15"
Water Supply: Individual (X)
Public ( )

Installed by J. Ervin Co.

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

EXISTING SYSTEM CHECKED BY: _____ DATE 9-1-83

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