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IREDELL COUNTY HEALTH DEPARTMENT ~~14631-79~~ 6988

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

OWNER OR CONTRACTOR William R. Lynn DATE March 30, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1102 N Lakeshore Drive TC Regina Drive
Log house on Right S. R. No. _____

SUBDIVISION NAME Lakeview Shores LOT NO. 2 SECTION OR BLOCK NO. _____

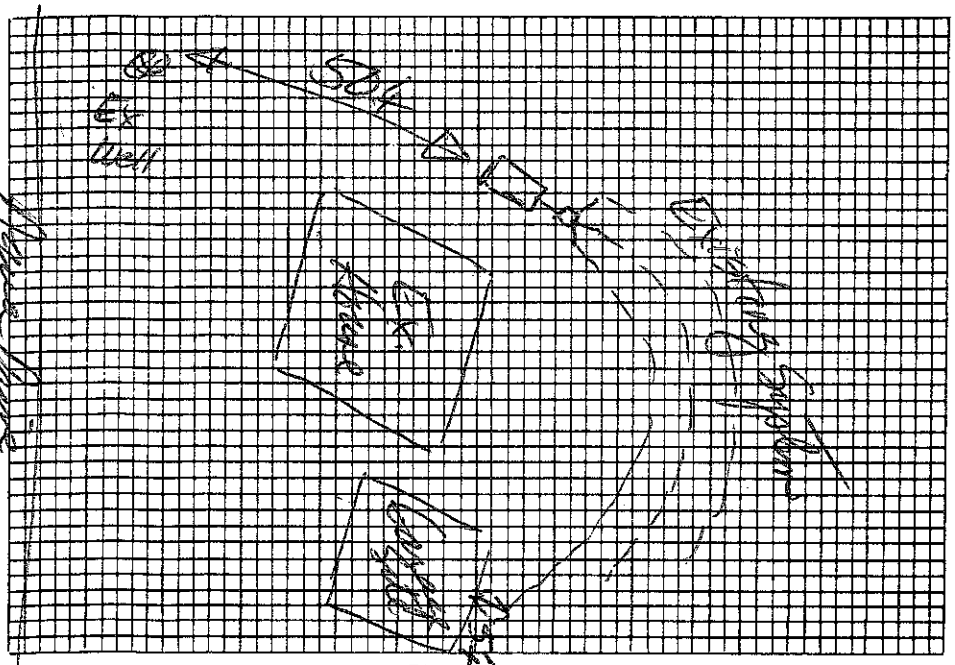
House (✓) Mobile Home ( ) Business ( ) Other Garage Addition

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
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: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: [signature], RS DATE 3-30-89

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

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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 Lynn DATE 2-16-84 PERMIT NO. 28

PHONE: Business _____ Home _____

LOCATION 1102 X I77 1½ Mile TR LAKESHORE DRIVE (1st ENTRANCE TL Dequa DRIVE Lot on R before LAKE DRIVE S. R. No. _____

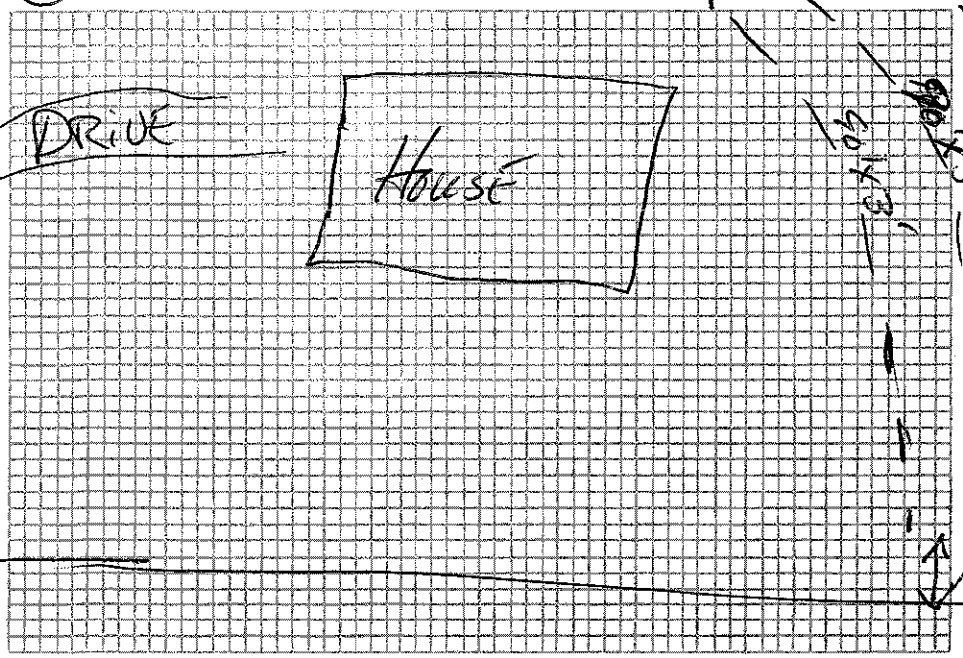
SUBDIVISION NAME Lakeview Shores LOT NO. 2 SECTION OR BLOCK NO. B

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

No. Bedrooms 3 No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft²/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Gently
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4+
			Rock or other impervious formations	NONE observed

Lot Area (X) well 20,000 Ft²



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: No. of Lines 3

Sq. Ft. 840 Linear Ft. 280

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

GASTONIA (DAVID WATTS) DIAMOND CONST. CO.

Installed by _____

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 2-16-84

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