IREDELL COUNTY HEALTH DEPARTMENT 4635806961

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

OWNER OR CONTRACTOR Reid Aliff DATE 8-12-83 PERMIT NO. 273

PHONE: Business ______ Home ______

LOCATION 1102 X177 TR 1216 (Lakeshore Drive) 0.3 mile on left S. R. No. ______

SUBDIVISION NAME Lakeview Shores LOT NO. 20 SECTION OR BLOCK NO. D

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (X) No ( )

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

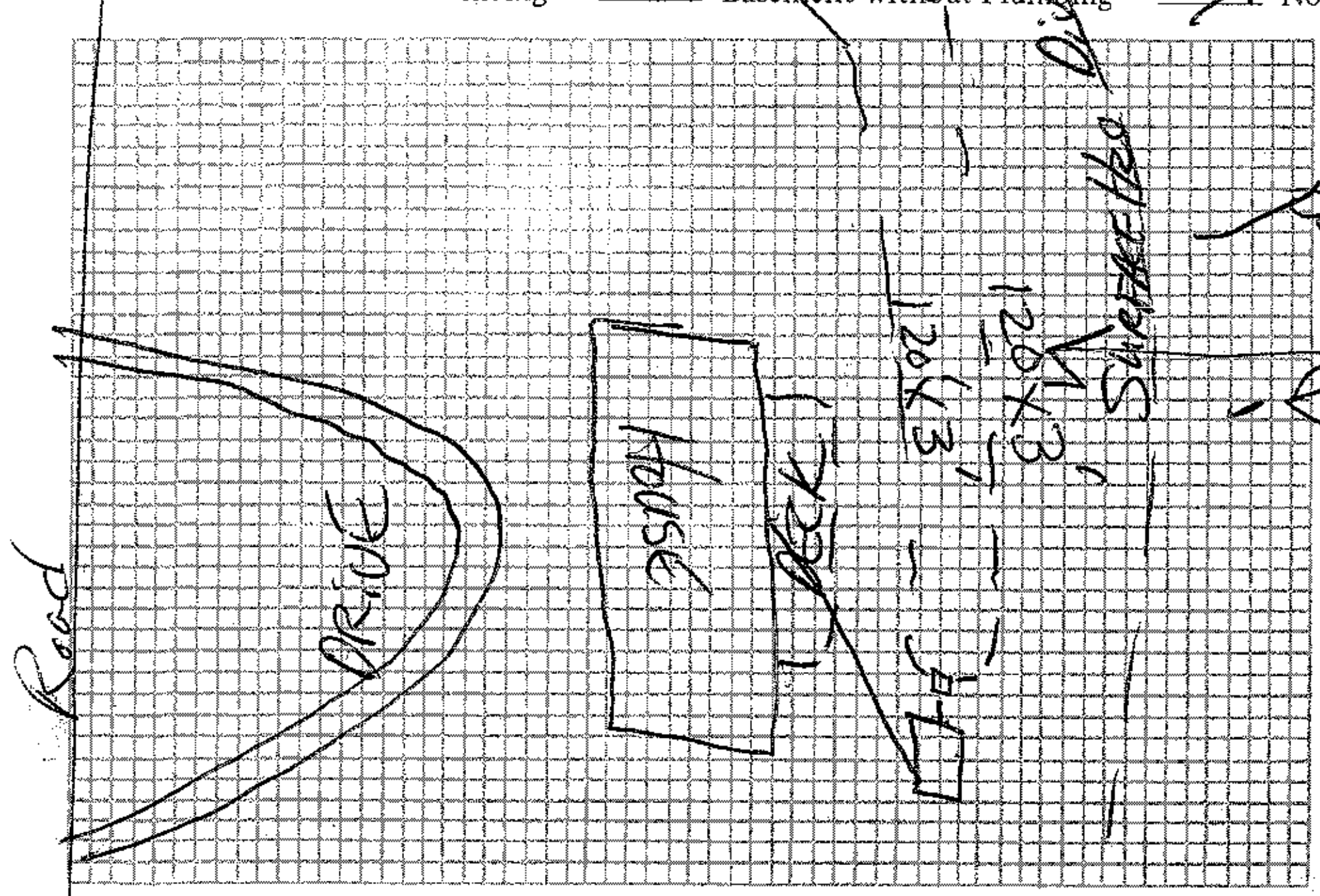
Percolation Rate 0.3 gal/ft²/day

Topography 2-6%

Depth to Water Table 4'+

Rock or other impervious formations None observed

______ Basement with Plumbing ______ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by Larry Tucker

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 8-12-83

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