IREDELL COUNTY HEALTH DEPARTMENT 4635809678

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR ~~JENNINGS~~ HOKE DATE 4-8-83 PERMIT NO. 88

PHONE: Business _____ Home _____

LOCATION 1102 X177 TR/1st ENTRANCE to LAKEVIEW SHORES TR ACQUA DRIVE 1st house on left S. R. No. _____

SUBDIVISION NAME LAKEVIEW SHORES LOT NO. 14 +21 SECTION OR BLOCK NO. _____

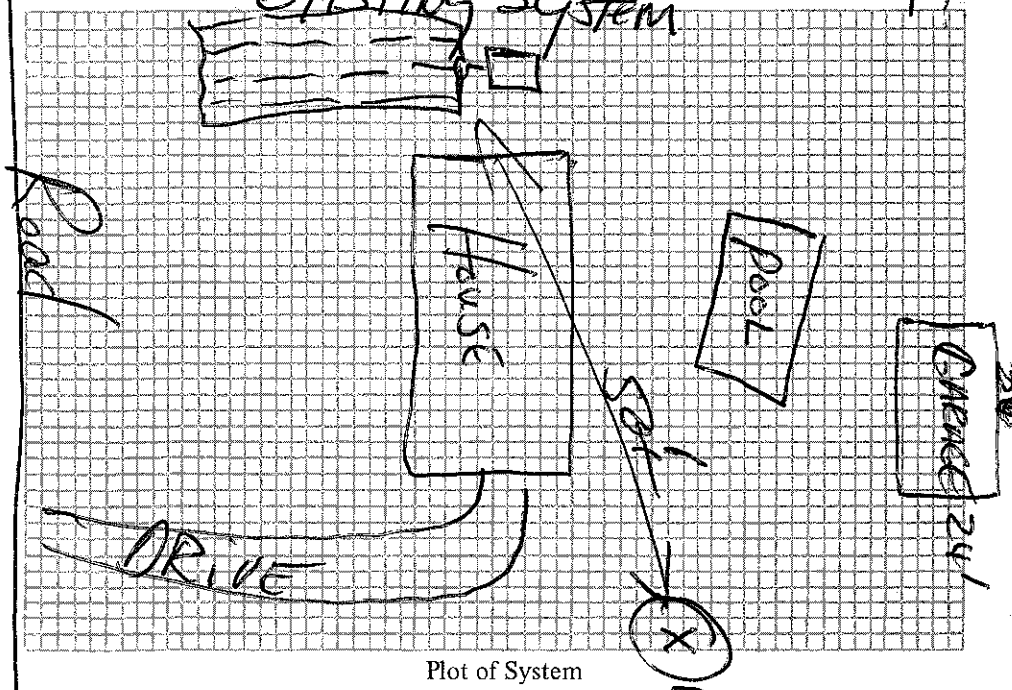
House (X) Mobile Home ( ) Business ( ) Other 24x30' GARAGE NO plumbing

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	(X)	Character & Porosity of Soil
Auto. Dishwasher	Yes	(X)	No	( )	Percolation Rate
Auto. Wash. Machine	Yes	(X)	No	( )	Topography EXISTING
Site Suitable	Yes	(X)	No	( )	Depth to Water Table SYSTEM
					Rock or other impervious formations

Lot Area EXISTING

_____ Basement with Plumbing _____ Basement without Plumbing X 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 (X)

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 WORKING OK AT TIME OF INSPECTION – NO PLUMBING IN GARAGE

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Joel Clemmer DATE 4-8-83

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