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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 Steve Carmichael DATE 2-12-22 PERMIT NO. 28

PHONE: Business _____ Home 877-6502

LOCATION 165 Tee on 902 TR Lakeview Shores

S. R. No. _____

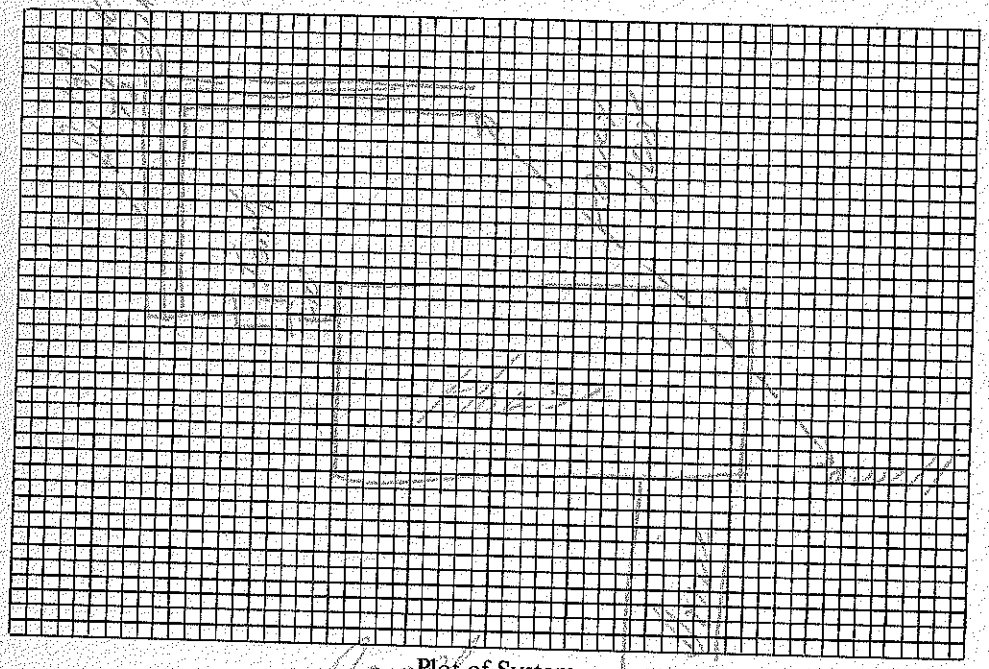
SUBDIVISION NAME Lakeview Shores LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam Loamy Sand
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Not Tested
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Sloping Hills
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	18" Plus
			Rock or other impervious formations	None

Lot Area 1.92 Acres



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by E.T. Sain

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Hoover DATE 2-12-22

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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 Don Messer DATE 3-14-80 PERMIT NO. 49

PHONE: Business _____ Home _____

LOCATION 1102 Ikon 1216 Tl on Agua Dr. 1st house on Rt. S. R. No. _____

SUBDIVISION NAME Lakeview Shores LOT NO. 5 SECTION OR BLOCK NO. B

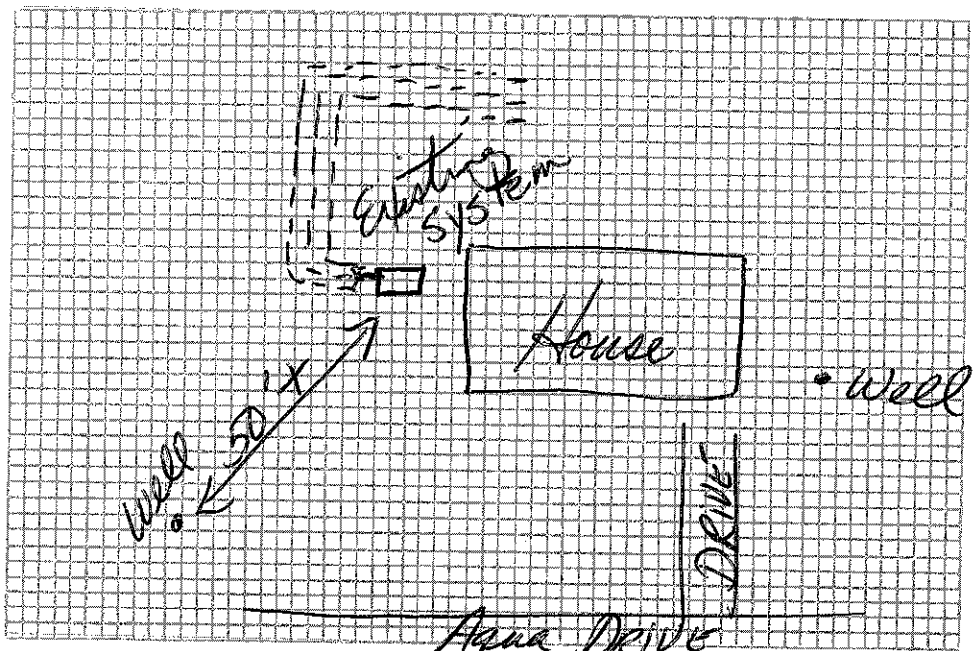
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~20,000 sq ft

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



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 _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working OK at time of inspection.

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 3-14-80

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold