118 Aqua Dr
4635-80-9980

ENTERED

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 April 27, 1990 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1102 TR Lakeshore TL Aqua Dr. 2nd House on right S. R. No. _____

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

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

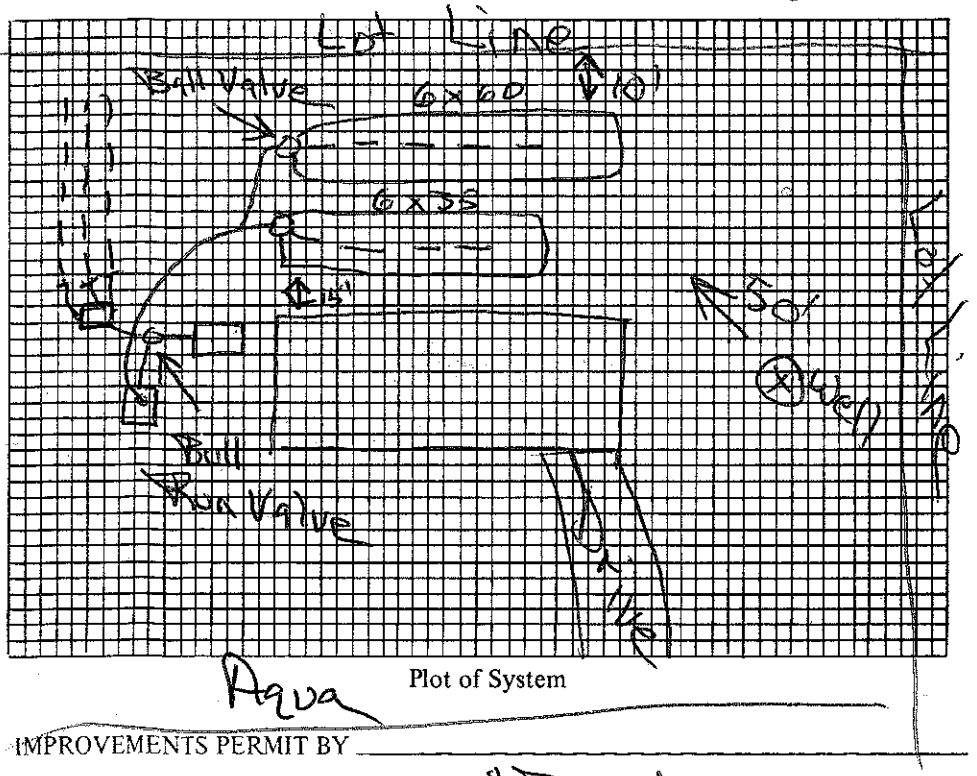
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

PT 1000



Plot of System

Size of Tank Existing Gals.
Nitrification Field: 6x60' Bed
No. of Lines 6x35' Bed
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Barry Sigmon

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Float ~7" Drawdown

CERTIFICATE OF COMPLETION BY Sam Ingram 6-27-8 DATE 4/27/90

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