10837

IREDELL COUNTY HEALTH DEPARTMENT

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(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

610 East Center Avenue Phone: (704) 664-5281
Mooresville, North Carolina 28115-2578 Fax: (704) 664-9737
Donna M. Campbell, RN, MPH
Health Director

OWNER OR CONTRACTOR James F. Kittlemeyer DATE Nov. 5, '90 PERMIT NO. 2B-1-A-17

PHONE: Business _____ Home _____

LOCATION 11.5 S. TR 1102 (Langtree) TR 2nd Lakeshore Dr.
1/2 mile on left S. R. No. _____

SUBDIVISION NAME Lakeview Shores LOT NO. 17 SECTION OR BLOCK NO. _____
LAKE

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

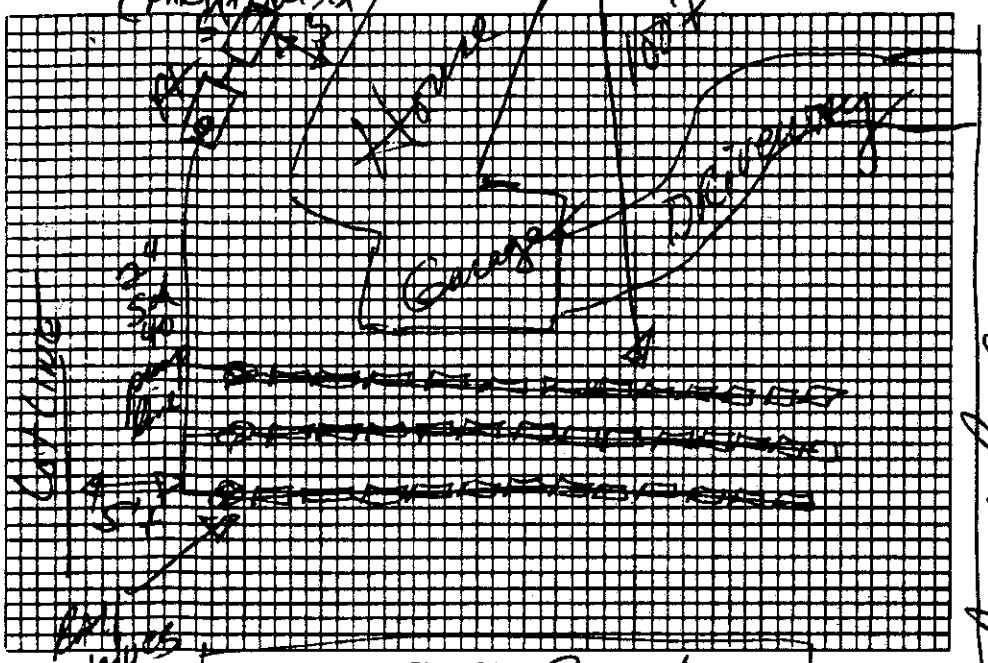
No. Bedrooms 3 No. Bathrooms 3

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

Lot Area .8 Ac

Character & Porosity of Soil low range ps. clay
Percolation Rate 2
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 300' & 164'
Depth of Stone in Lines 16"

Water Supply: Individual (✓) panels pressure dosed
Public ( )

Installed by Ken Painter of Iron Horse Grading

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Lakeshore Dr.

Alarm not permanently mounted yet, but tested & working

Operation permit

CERTIFICATE OF COMPLETION BY _____ DATE 11-5-90

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