03752

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 4635-82-9255

OWNER OR CONTRACTOR Ronald Whitley DATE Sept. 28, '90 PERMIT NO 2B-1-A-10

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree Rd) TR 2nd Lakeshore Drive on left in curve S. R. No. _____

SUBDIVISION NAME Lakeview Shores LOT NO. 10 SECTION OR BLOCK NO. D

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

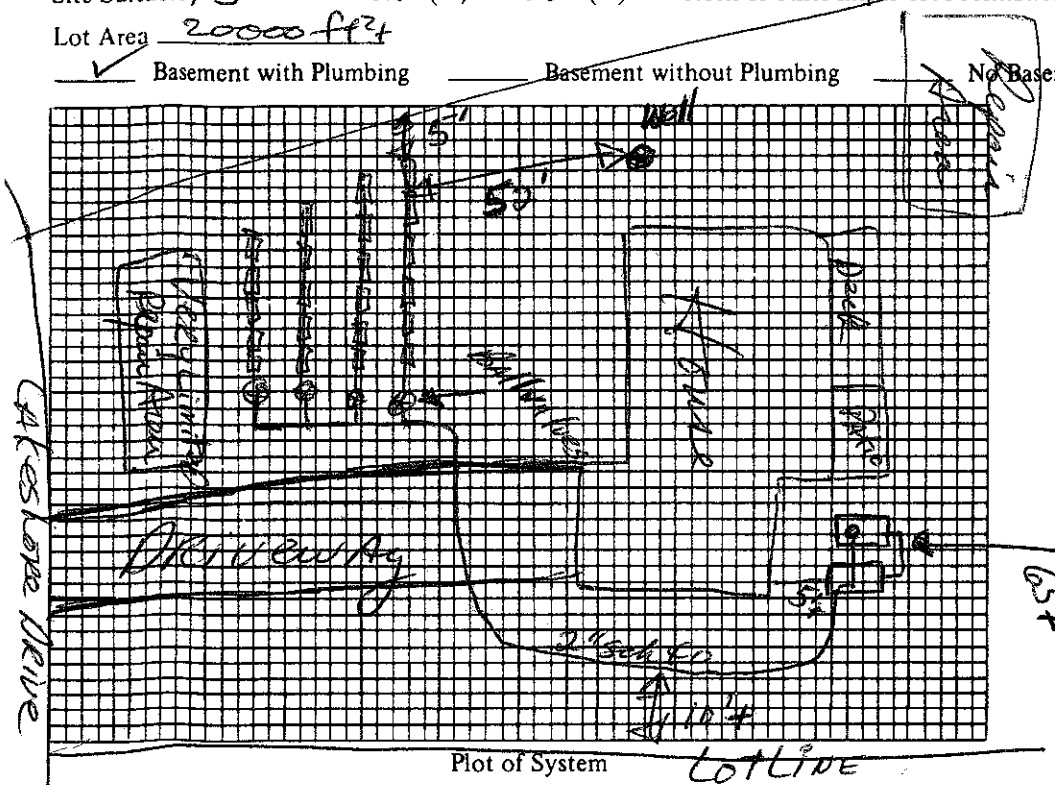
No. Bedrooms 3 No. Bathrooms 3½

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

Character & Porosity of Soil PS clay
Percolation Rate 2 in 3
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 20000 ft²+

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



1000 gal p.T.
Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200'±
Depth of Stone in Lines 16"+4"

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

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY RH

COMMENTS: System could not be installed as originally drawn and consequently had to be pumped to the front (roadside). ALARM not permanently mounted when tested.

~~Operation permit~~

CERTIFICATE OF COMPLETION BY Dewey R. Hinson, EHS DATE Sept 28, '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