IREDELL COUNTY HEALTH DEPARTMENT 4635867189

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR A. J. Waring DATE 10-16-80 PERMIT NO. 318

PHONE: Business _____ Home _____

LOCATION 215 X 177 TR 1206 TR 1108 TR 1181
~1 mile on Rt
S. R. No. _____

SUBDIVISION NAME Lake View Park LOT NO. 4 SECTION OR BLOCK NO. _____

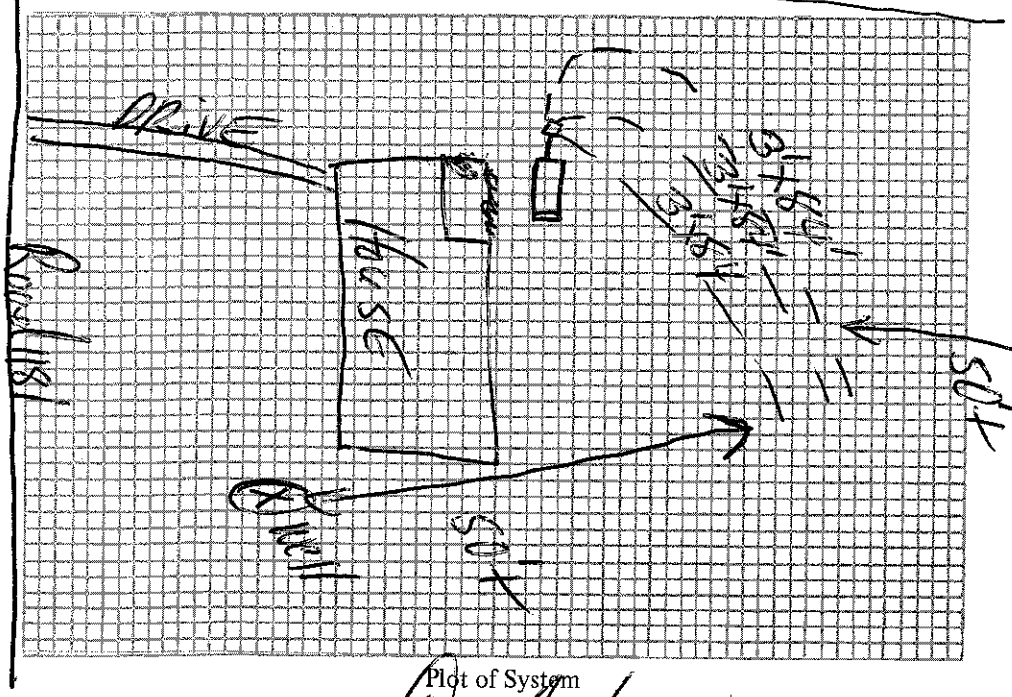
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Hoyd. loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	50 min per
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2'-6" fall
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	None observed

Lot Area 22500

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (X)
Public ( )

Installed by Jim Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clement DATE 10-16-80

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