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1913

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 4635910945

OWNER OR CONTRACTOR Willis L Bennette DATE 1/15/91 PERMIT NO. 2-B-1-B-15

PHONE: Business _____ Home _____

LOCATION 1155 TR 1107 TR LAKEVIEW SHORES (R) ONTO LAKESHORE DR 1/4 MI IC ON (R)

S. R. No. _____

SUBDIVISION NAME LAKEVIEW SHORES LOT NO. 154 Pt 14 SECTION OR BLOCK NO. 32 ~~BLK B~~

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Existing

Character & Porosity of Soil PS clay

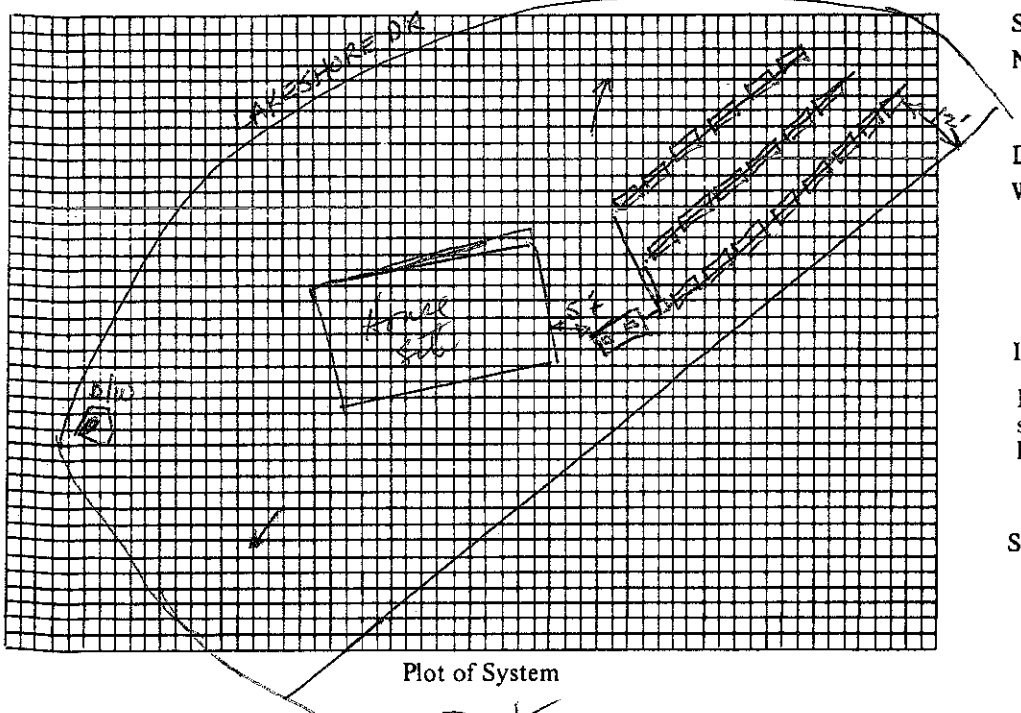
Percolation Rate .125

Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations some scattered rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 250'

Depth of Stone in Lines 16" PABPS

Water Supply: Individual (✓) GRAVITY FLOW

Public ( )

Installed by EJ ERVIN

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

Signed: _____

IMPROVEMENTS PERMIT BY JRH

COMMENTS: Septic tank and upper drain line pumped out; S/T surrounded outside Home not started. Septic system put in first.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. / JR Hunter, EHS DATE 1/15/91

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