4635911368

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 Wayne Smith DATE 12-5-83 PERMIT NO. 417

PHONE: Business _____ Home _____

LOCATION 1102 TR Lakeview Shores Drive (1st ENTRANCE) ON left

S. R. No. _____

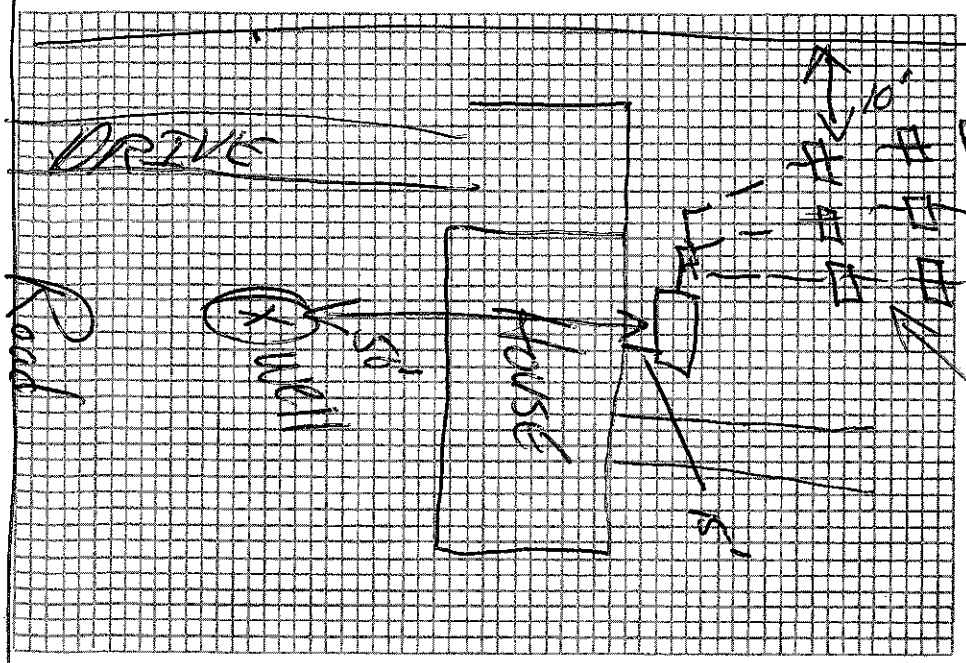
SUBDIVISION NAME Lakeview Shores LOT NO. 10 SECTION OR BLOCK NO. B

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 115 X200

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/sq ft/day
Topography 10-14%
Depth to Water Table 24"
Rock or other impervious formations NONE observed



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 120 Linear Ft. 240'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Ray Parker

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

Signed _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 12-5-83

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