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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 Dora Jones DATE Mar 14, 1990 PERMIT NO. IK-2-A-19

PHONE: Business _____ Home 663-1340

LOCATION 215 TR Dry Dock Loop On back side of loop

S. R. No. _____

SUBDIVISION NAME Lakeview Development LOT NO. 19 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil clayey

Percolation Rate ~.4 gpd 1/4/2

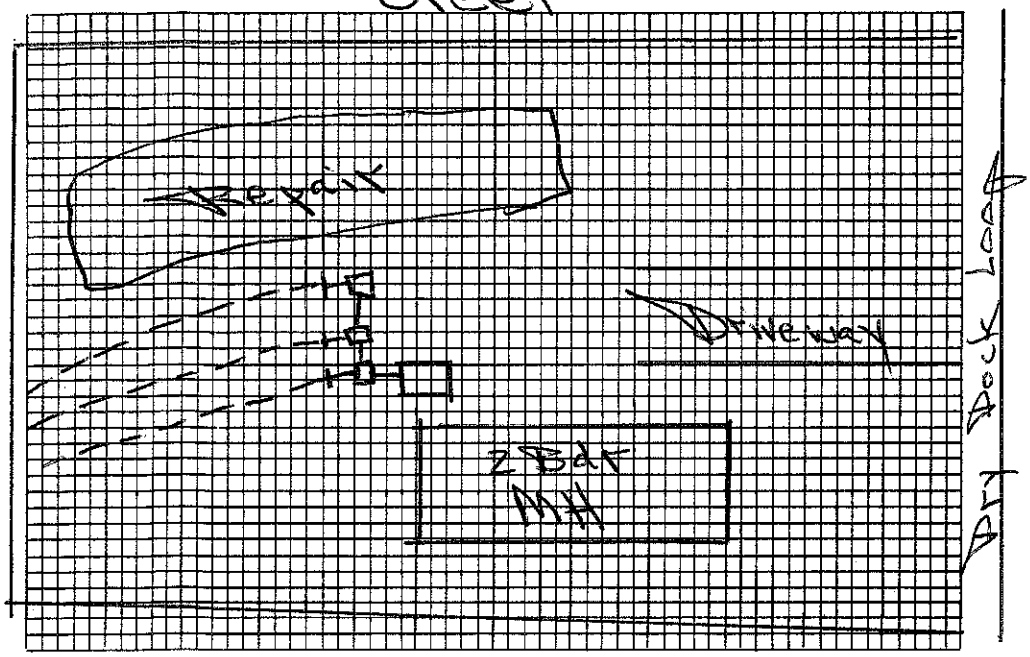
Topography 5 12%

Depth to Water Table +3'

Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3@67'

Sq. Ft. 600' Linear Ft. 200'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by F J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Lot # 18

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE Mar 14, 1990

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