## IREDELL COUNTY HEALTH DEPARTMENT

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

REPAIR
OWNER OR CONTRACTOR GREG LACKEY DATE 9/12/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 90 W TL 2ND LACKEY FARM RD, TR 2ND STREET (DIRT) AT END ON (L) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

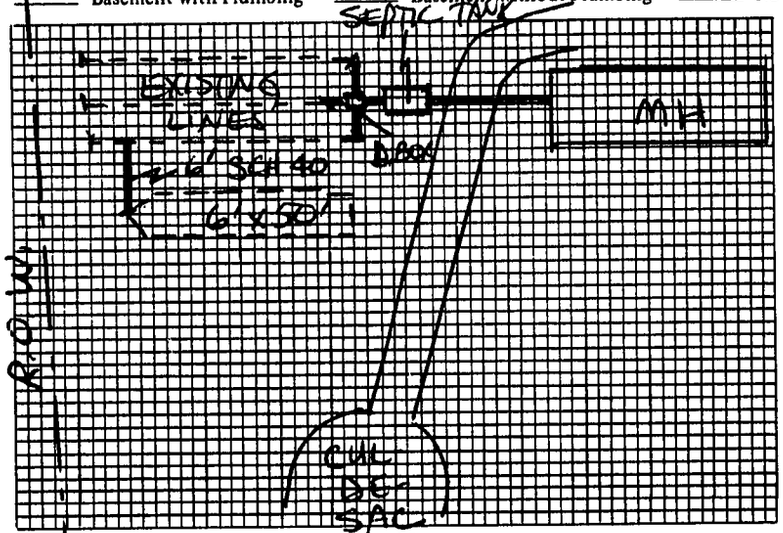
No. Bedrooms _____ No. Bathrooms _____

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No ( ) | |
| Auto. Dishwasher | Yes ( ) | No ( ) | |
| Auto. Wash. Machine | Yes ( ) | No ( ) | |
| Site Suitable | Yes (✓) | No ( ) | |

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area AMPLE

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by DONNA LACKEY

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE BROWN

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE 9/14/91

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