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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)

Mooresville Office

OWNER OR CONTRACTOR Louis Lipinsky Jr. DATE July 10, 90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chuckwood) TR Indian Trail
n. 8 mile on Right S. R. No. _____

SUBDIVISION NAME CLOT (Lake Norman) LOT NO. part of 31 SECTION OR BLOCK NO. 7

Site Address: 283 Indian Trail - Mrsply

House (✓) Mobile Home ( ) Business ( ) Other Repair (extending onto existing panel system)

No. Bedrooms 3 No. Bathrooms 2

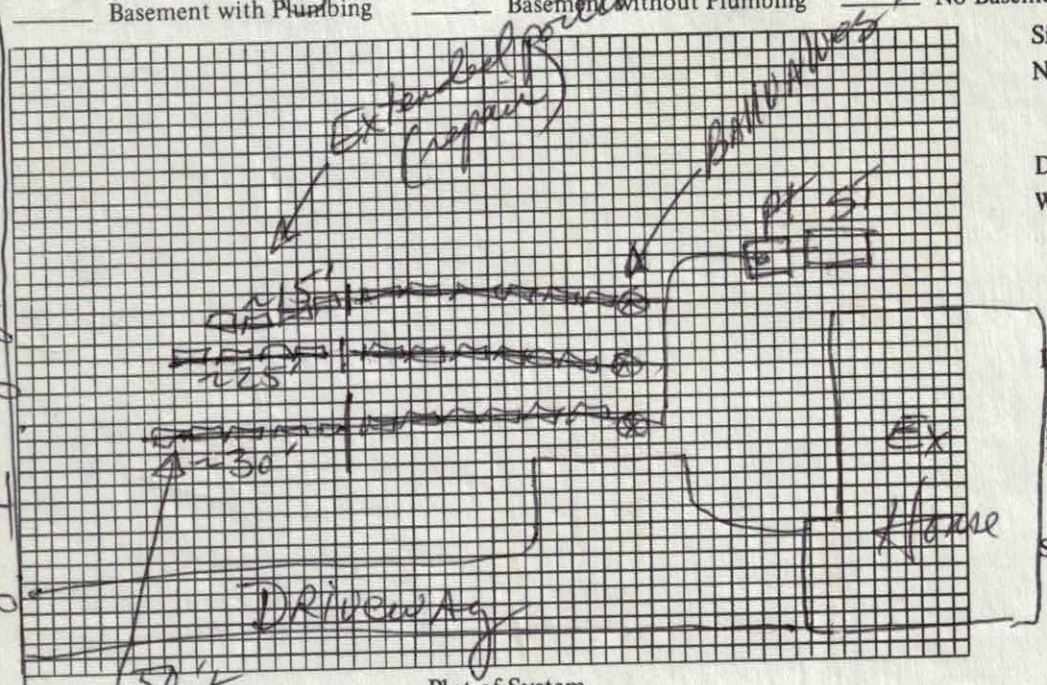
Garbage Disposal Unit	Yes (✓)	No ( )
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes ( )	No ( )

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

Lot Area Existing

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

Size of Tank Existing Gals.
Nitrification Field: Add on to existing
No. of Lines 3 lines
Sq. Ft. _____ Linear Ft. ~70'
Depth of Stone in Lines 16" ✓
Water Supply: Individual (✓) 4 panels
Public ( )



Plot of System

Installed by J Erwin

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

Signed: _____

50 ✓ Well

IMPROVEMENTS PERMIT BY _____

COMMENTS: Pressure head readjusted on all lines to ~2' head.

CERTIFICATE OF COMPLETION BY [signature] / EHS DATE 7-10-90

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

4626 - 22-9972

Mooresville Office

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 Louis Lipinsky DATE July 9, '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chunkwood) TR Indian Trail

1.8 mile on left S. R. No. _____

SUBDIVISION NAME CLOT Lake Norman LOT NO. part of 31 SECTION OR BLOCK NO. 7

283 Indian Trail - Mrsvl.

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

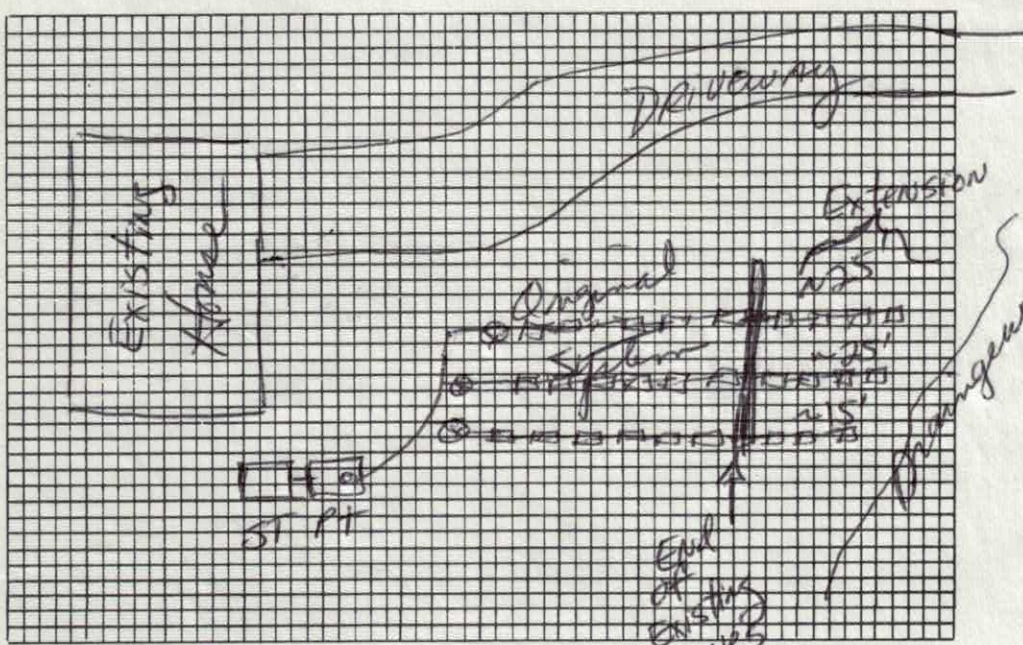
Size of Tank well & Existing p.t. Existing Gals.

Nitrification Field: Extension of Existing Lines

No. of Lines _____ Sq. Ft. _____ Linear Ft. ≈65' ea

Depth of Stone in Lines 16" To pavel

Water Supply: Individual (✓) Public ( )



Plot of System

Installed by _____

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

Signed: ✗ Louis Lipinsky Jr.

IMPROVEMENTS PERMIT BY David R. Hinson, EHS

COMMENTS: USE SAME hole spacing in extented lines (≈2 holes per panel) as in original lines. Drainageway can be modified by relocating it closer to paved street.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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