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
n. 8 mile on left S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

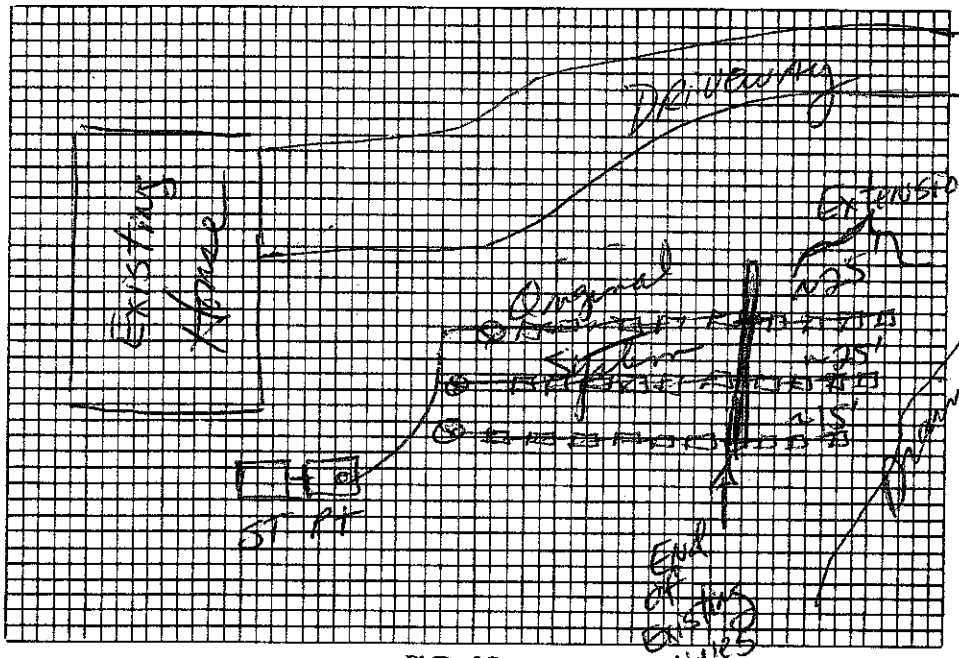
Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement & well Existing p.t.

Size of Tank Existing Gals.

Nitrification Field: Extension of
No. of Lines Existing Lines
Sq. Ft. _____ Linear Ft. 265' ±
Depth of Stone in Lines 16" ±
Water Supply: Individual (✓) panel
Public ( )



Plot of System

Installed by _____

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

Signed: John Lipinsky Jr.

IMPROVEMENTS PERMIT BY David R. Hanson, EHS

COMMENTS: Use same hole spacing in extented lines (2 holes per pad) 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