07666

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 Lesia Barkley DATE May 12, '89 PERMIT NO. 4626-41-4823

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chickwood) TR Seagrove TL Lakeland
Dear left in curve on left S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 65 SECTION OR BLOCK NO. _____

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

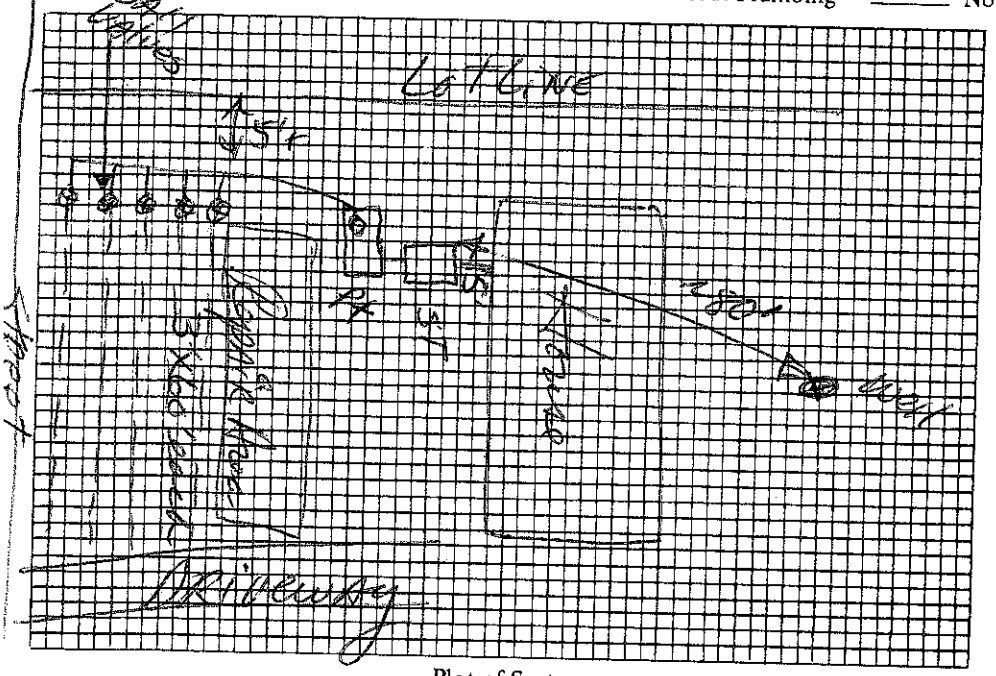
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 21000 sq ft

Character & Porosity of Soil clay
Percolation Rate 104
Topography rolling
Depth to Water Table 44
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1250 p.t.

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by H J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Alarm tested and working but not mounted.

CERTIFICATE OF COMPLETION BY _____ DATE 5-12-89

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