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 Lopez MobileHome Park DATE 6-25-86 PERMIT NO. 366

PHONE: Business ________ Home ________

LOCATION 1100 TR ~1/4 mile past the Isle of Pines turn off

________ S. R. No. ____

SUBDIVISION NAME Lopez Mobile Home Park LOT NO. 8 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 Yes ( ) No ( )

Existing

Character & Porosity of Soil ________

Percolation Rate ________

Topography ________

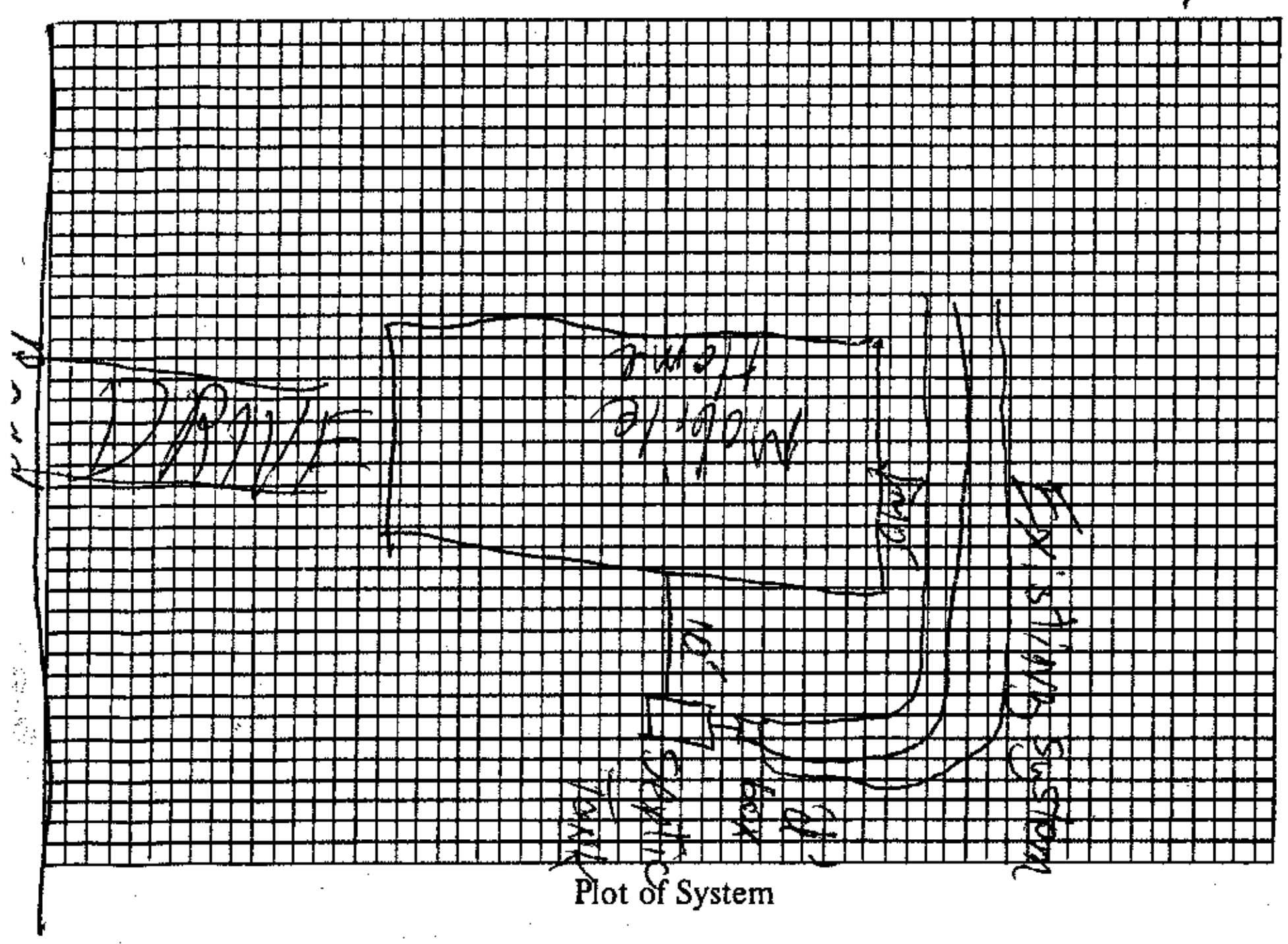
Depth to Water Table ________

Rock or other impervious formations ________

Existing

Lot Area ________

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field: System

No. of Lines ________

Sq. Ft. ________ Linear Ft. ________

Depth of Stone in Lines ________

Water Supply: Individual ( )

Public (✓) community well

Installed by ________

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

Signed: ________

IMPROVEMENTS PERMIT BY ________

COMMENTS: Existing system working OK at date of inspection

CERTIFICATE OF COMPLETION BY ________ DATE ____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 6-25-86

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