Blanket P.D.

4636-05-8682

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 M.H.P. DATE 9/20/89 PERMIT NO.

PHONE: Business Home

LOCATION 1100 TR just past Isle of Pines Rd. 1st on L.

S. R. No.

SUBDIVISION NAME Lopez M.H.P. LOT NO. 1 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~~ 1100 ~~Yes ( ) No ( )~~

Character & Porosity of Soil existing

Percolation Rate

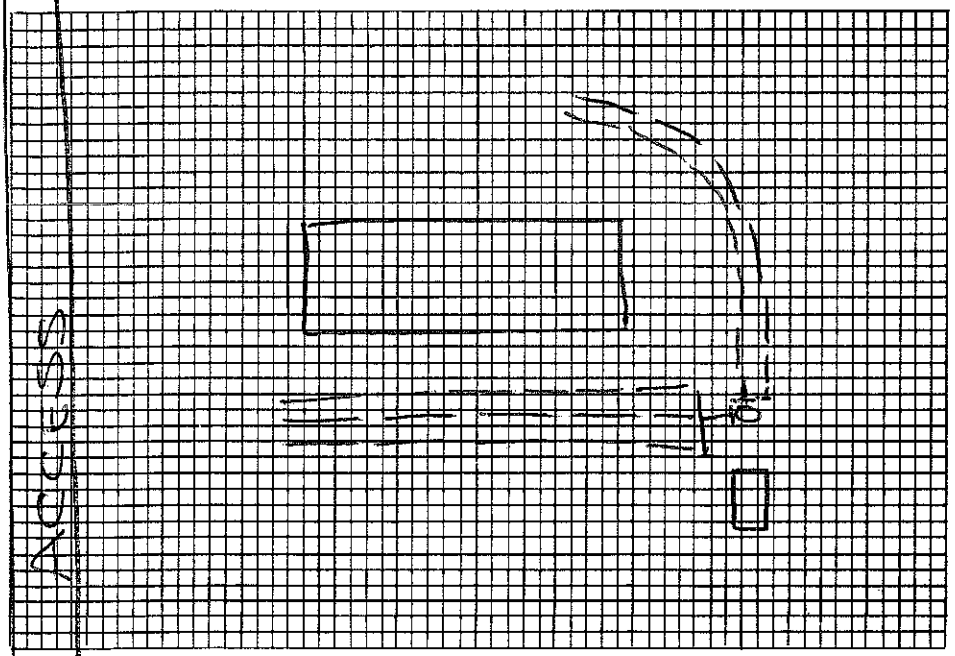
Topography

Depth to Water Table

~~Rock or other impervious formations~~

Lot Area

___ Basement with Plumbing ___ Basement without Plumbing _✓_ No Basement



Plot of System

Size of Tank existing Gals.

Nitrification Field:

No. of Lines existing

Sq. Ft. Linear Ft.

Depth of Stone in Lines

Water Supply: Individual ( )

Public (✓)

Installed by

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS: No sign of malfunction at the date of my inspection.

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: Andrea C. Pierce, R.S. DATE 9/20/89

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