13582.

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 SUSAN LEJEUNE DATE 10-17-91 PERMIT NO. 91-A-26.

PHONE: Business _____ Home _____

LOCATION Liggard Farm Rd. off Island Ford Rd. - go approx. 1.5 miles + T.L. on Massey Dealy Rd. - 4th lot on (L). S. R. No. _____

SUBDIVISION NAME MASSEY/DEAL MHP. LOT NO. 5. SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes (L) No ( )

Lot Area EXISTING.

Character & Porosity of Soil _____

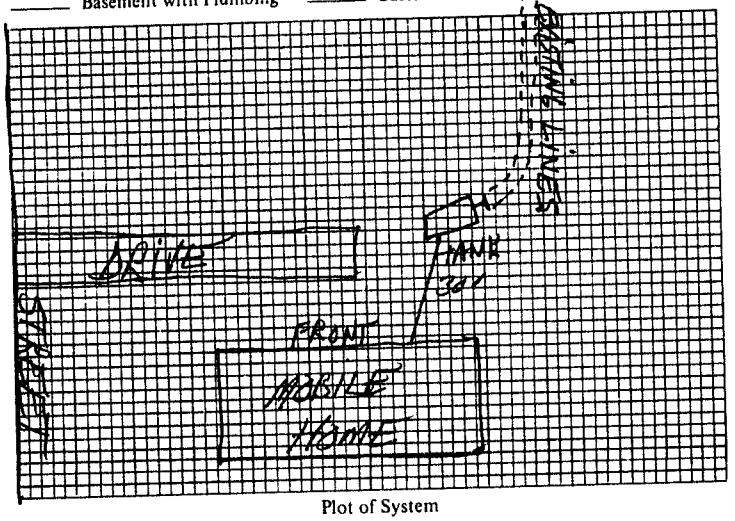
Percolation Rate EXISTING SEPTIC

Topography _____

Depth to Water Table TANK SYSTEM.

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing L No Basement



Plot of System

Size of Tank EXISTING. Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (L)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 10-17-91

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