IREDELL COUNTY HEALTH DEPARTMENT

12956

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR DONALD P. LACKEY DATE 7/5/91 PERMIT NO. 9G-A-8A

PHONE: Business _____ Home _____

LOCATION NC 90 W, TL LACKEY FARM RD, GO ½ MILE ON (R) ACROSS FROM BIG SPLIT RAIL FENCE - DBL. WIDE BACK OFF ROAD S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

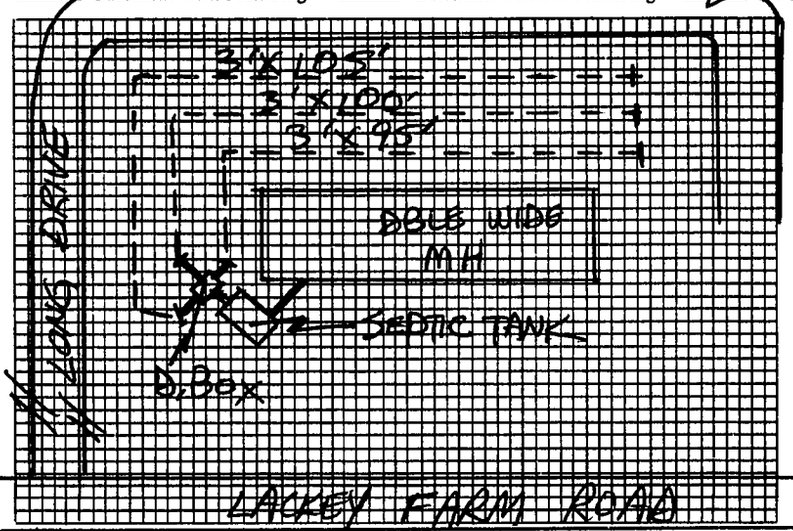
DBL-WIDE
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 12.88 AC

Character & Porosity of Soil PS
Percolation Rate .4 GPD/FT²
Topography 2-6%
Depth to Water Table 24"
Rock or other impervious formations SCATTERED ROCK

TP 4/15/91

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by TOMMY COTHREN

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE BROWN

COMMENTS: DO NOT DRIVE OR PARK OVER SEPTIC TANK SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/5/91

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