12885.

## 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 W. LARRY FEIMSTER DATE 6-10-91. PERMIT NO. 91-1-A-21.

PHONE: Business _____ Home _____

LOCATION Hwy 90 west - T.L. on 1st Lackey Farm Rd. - 12th driveway on left. (approx. ½ mi.). S. R. No. 3

SUBDIVISION NAME _____ LOT NO. 21. SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other (PLANNED FOR FUTURE HOUSE.)

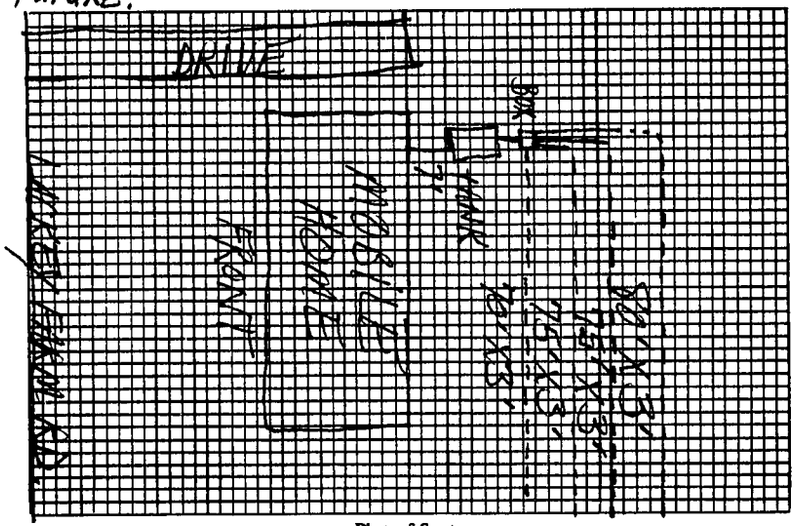
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Prop. Suitable.
Percolation Rate 4 gal/sq. ft.
Topography 6-8%
Depth to Water Table 10'+
Rock or other impervious formations none observed.

Lot Area Ample.

FUTURE. Basement with Plumbing ____ Basement without Plumbing ____ No Basement




Size of Tank 1000 Gals.
Nitrification Field: 4
No. of Lines
Sq. Ft. 700 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Hedrick

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-10-91.

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