11000.

IREDELL COUNTY HEALTH DEPARTMENT

37694

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR ROGER LIPPARD DATE 12-11-92 PERMIT NO. 3P-A-40.

PHONE: Business _____ Home _____

LOCATION Carriage Rd. off Eagle Rd. - 1st house on (L) past Eagle Rest Church

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 40. 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 ( )

Lot Area 3 acres

Character & Porosity of Soil Poor Suitable

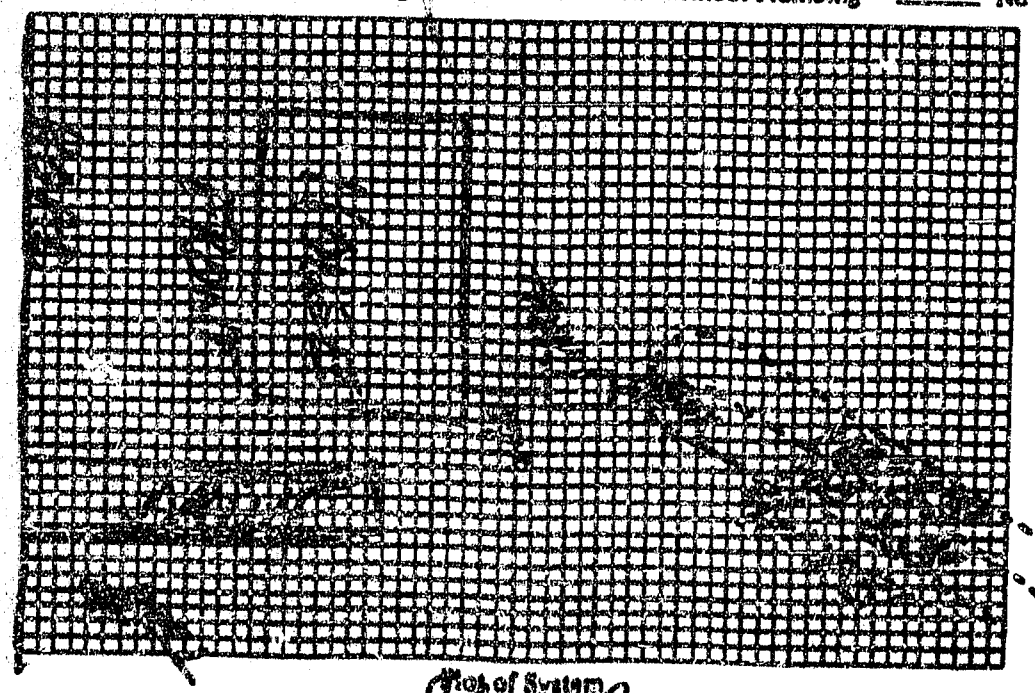
Percolation Rate 2 gal. per ft.

Topography 2-6%

Depth to Water Table 18+

Rock or other impervious formations Weathered rock

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 700 Linear Ft. 300

Depth of Stone in Lines 18"

Water Supply: Individual ( )

Public ( )

Installed by John Mercer

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-11-92.

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