IREDELL COUNTY HEALTH DEPARTMENT

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

17462

OWNER OR CONTRACTOR Robert D Lockamy DATE 9-28-89 PERMIT NO. 90-A-7

PHONE: Business _____ Home _____

LOCATION 4.5 N.E. South Creek on Right Before Piedmont Farm Systems S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1 Character & Porosity of Soil Prod Suitable

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 2 MPI

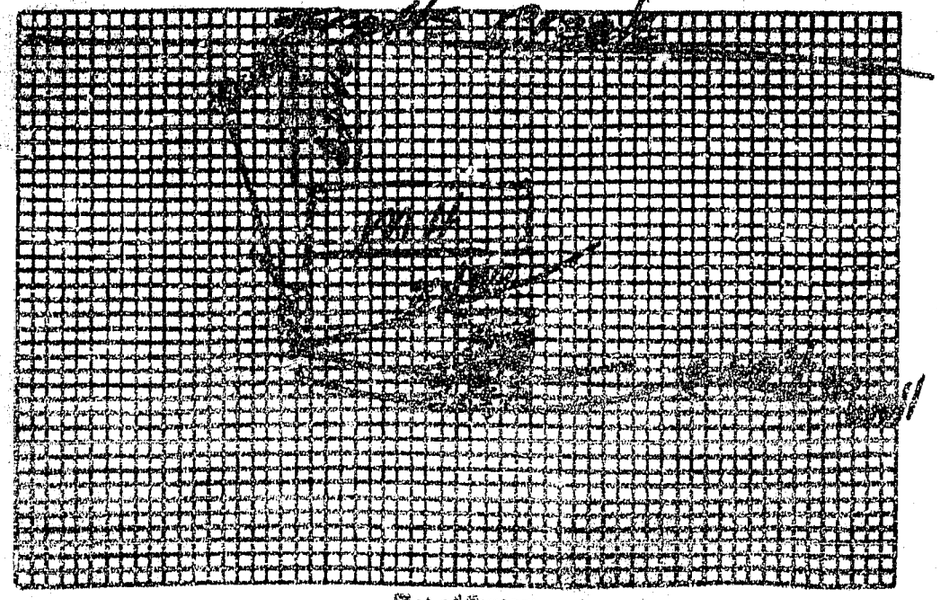
Auto. Dishwasher Yes ( ) No (✓) Topography Slight

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 10 ft

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None

Lot Area 90C

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 210 Linear Ft. 240

Depth of Stone in Lines 24

Water Supply: Individual ( )

Public (✓)

Installed by A J Beckham

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 12-8-89

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