09540

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 TRI-SOUTH CONST. DATE 4-21-89 PERMIT NO. 14B

PHONE: Business _____ Home _____

LOCATION Appx 1/2 mi. off Buffalo Shoals Rd. - T.L. on 1st Paved Left Rd. - 3 mi. on left S. R. No. _____

SUBDIVISION NAME LAKEWOOD ESTATES LOT NO. 18 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable (✓)

Lot Area Ample

Character & Porosity of Soil Bdr. Suitable

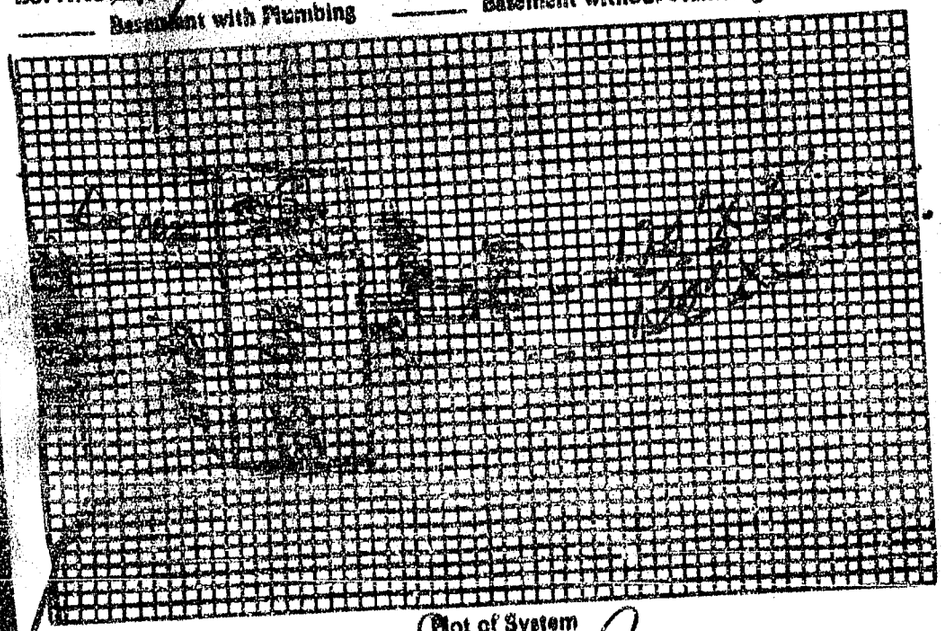
Percolation Rate 30/45 ft

Topography 2-5%

Depth to Water Table 10'

Rock or other impervious formations Rock observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 120 Lineal Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Plot of System

Installed by Jerry Shuford

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-31-89

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