07261.

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 J.L. HOPE DATE 10-11-91. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Higgs Rd. off Buffalo Shoals Rd. go approx. 3/8 mi. ~~FT. L. on Parker Ln.~~ go to 2nd ist. on left - 100 yards on R. S. R. No. _____

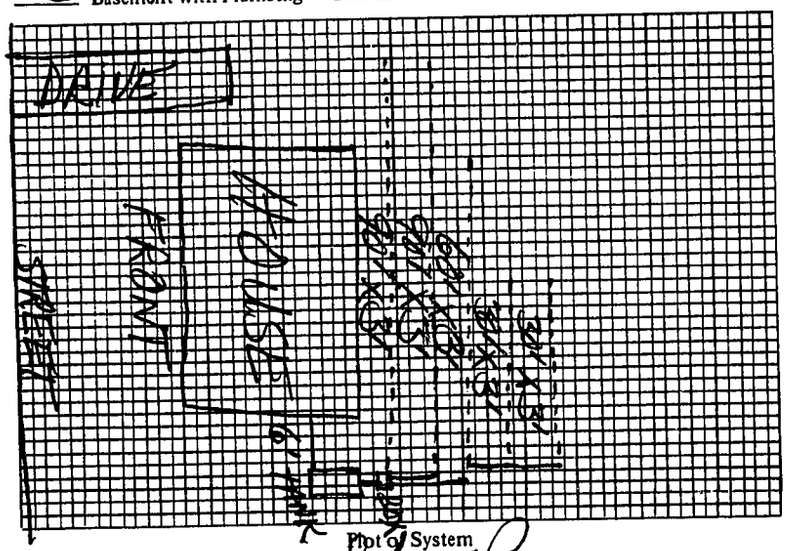
SUBDIVISION NAME LAKEWOOD ESTATES, LOT NO. 36. SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other ~~Addition to new S.T. installation~~ to accomodate 3 Bedr. House.

No. Bedrooms 3	No. Bathrooms 1.5			Character & Porosity of Soil	fair. suitable.
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	Hogl inp. ft.
Auto. Dishwasher	Yes ( )	No (✓)		Topography	3 to 20%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	10'+
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	none observed.

Lot Area Ample.

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Hope Bros.

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 10-11-91.

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