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 10-7-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Airport Rd. off Buffalo Shoals Rd. - 88 approx. 3/8 mi. - T.L. on Parker Loop - go to 1st curve - bear left into dev. - T.L. on 1st st. - house S. side on cul-de-sac R.

SUBDIVISION NAME LAKEWOOD ESTATES. LOT NO. 36. SECTION OR BLOCK NO. 2.

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

No. Bedrooms 2 No. Bathrooms 1.5

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample.

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

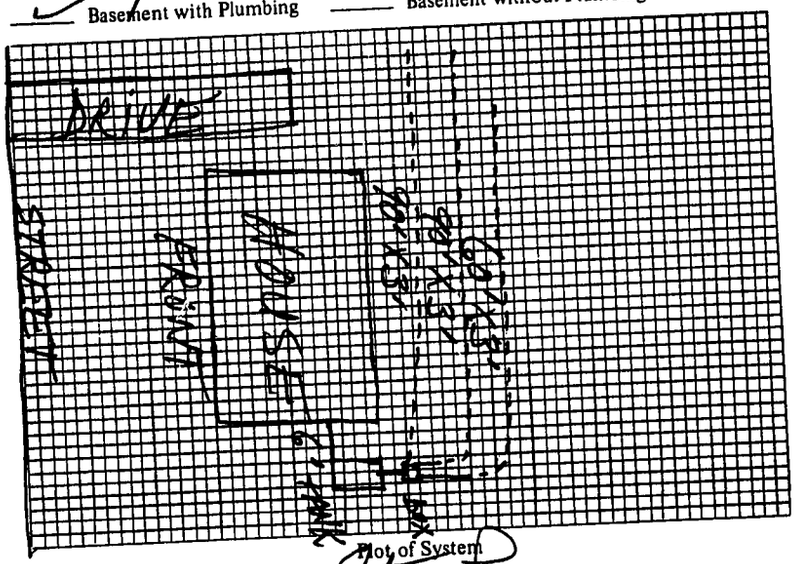
Character & Porosity of Soil Pgr. Suitable.

Percolation Rate 60 Min./Sq. Ft.

Topography 2-25%

Depth to Water Table 10 +

Rock or other impervious formations none observed.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

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 10-7-91

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