#191

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 1-9-89 PERMIT NO. 14B.

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Airport-T.L. on Airport Rd.-T.L. on 1st Parker Loop T.L. on 1st st.-100 yards on R. S. R. No. _____

SUBDIVISION NAME LAKEWOOD ESTATES. LOT NO. 21 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 101' X 150'

Character & Porosity of Soil Clay-Suitable.

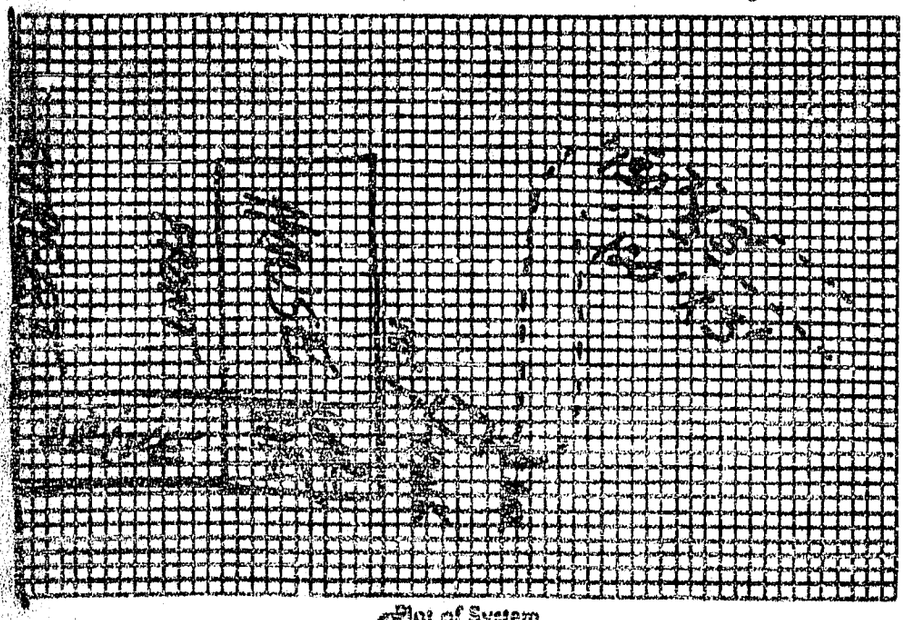
Percolation Rate 5 min/in

Topography L-G-R-L-F

Depth to Water Table 10'+

Rock or other impervious formations None Observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 224+ Linear Ft. 242+

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Forest Blalock

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 1-9-89

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