02199

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 T.L. HOPE DATE 1-19-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hiway 21 N. off Buffalo Shoals Rd. - T.L. on 1st Parkway Lane - go 2/10 mile to T.L. on right - go around curve - 150 yards on left side

SUBDIVISION NAME LAKEWOOD ESTATES LOT NO. 45 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soils Grey Sandy Clay

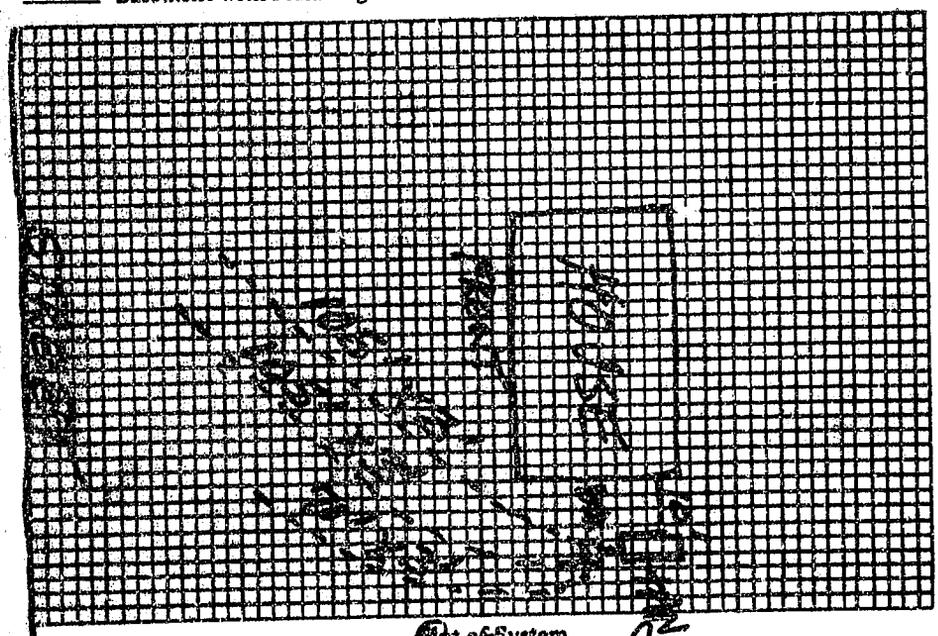
Percolation Rate 30 min/inch

Topography 2-6% Slope

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 3
Sq. Ft. 840 Linear Ft. 280
Depth of Stone in Lines 12" - 16"

Water Supply: Individual ( )
Public (✓)

Installed by Arvil Duncan

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: 16" stone in sewer drain line.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 1-19-88

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