12379. IREDELL COUNTY HEALTH DEPARTMENT 39116

(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 3-22-91. PERMIT NO 6E-17-A-91.

PHONE Business _____ Home _____

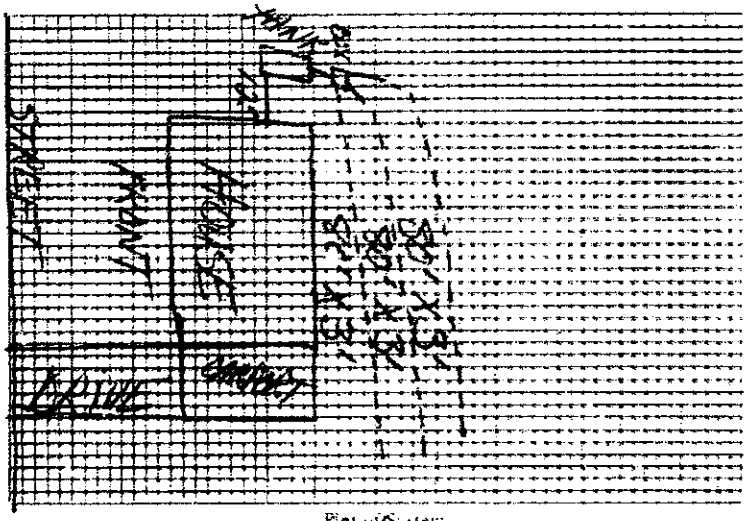
LOCATION Airport Rd. off Buffalo Shoals Rd. - T.L. on Park Terr. - T.L. on 3rd street - 1/4 mi. on left. S. R. No. _____

SUBDIVISION NAME LAKEWOOD ESTATES. LOT NO 98. SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½ Character & Porosity of Soil Fair. Suitable.
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 5 min/in. ft.
Auto. Dishwasher Yes ( ) No (✓) Topography 2-5% Slope
Auto. Wash Machine Yes (✓) No ( ) Depth to Water Table 18"+
Site Suitable Yes (✓) No ( ) Rock or other impervious formations none observed.
Lot Area Amp Sz.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals
Nitrification Field
No. of Lines 3
Sq. Ft. 720 Lineal Ft. 240
Depth of Stone in Lines 12"
Water Supply Individual ( )
Public (✓)

Installed by Terri T. Buford

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

Valid _____

IMPROVEMENTS PERMIT BY Terri Buford

COMMENTS _____

CERTIFICATE OF COMPLETION BY Terri Buford DATE 3-22-91.

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 location of system and 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

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