09800

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 6-27-89 PERMIT NO. B14

PHONE: Business _____ Home _____

LOCATION Hwy 21 South to Statesville Rd. west-T.L. on Airport Rd.-T.L. on 1st Parker Shop. T.L. on 2nd st.-1st Right on D. S. R. No. _____

SUBDIVISION NAME LAKEWOOD DEV. LOT NO. 94 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 100' X 150'

Character & Porosity of Soil Prov. Suitable

Percolation Rate 5 MPI 60"

Topography Level

Depth to Water Table 10+

Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

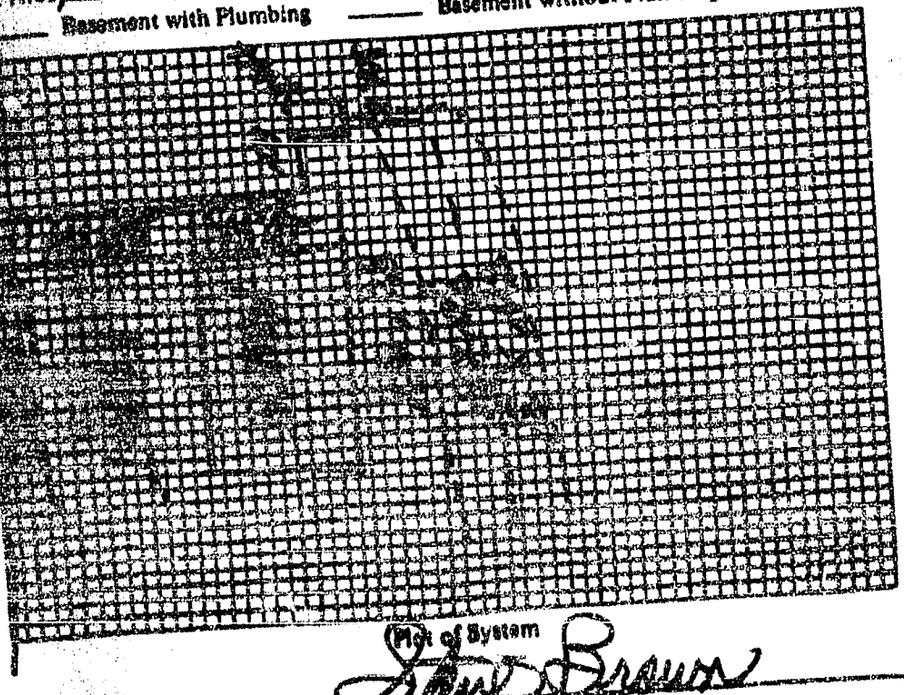
Nitrification Field:

No. of Lines 3

Sq. Ft. 240 Lineal Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by Forest Shepherd

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 6-27-89

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