09327

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 3-17-89 PERMIT NO. 14B.

PHONE: Business _____ Home _____

LOCATION Hiway 21 N. off Buffalo Shoals Rd. T.L. on 1st Parker Lane T.L. on 1st Left 1st Lot - 300 yards on Left. S. R. No. _____

SUBDIVISION NAME LAKEWOOD ESTATES. LOT NO. 83 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 ( )

Character & Porosity of Soil Sandy Loam Suitable.

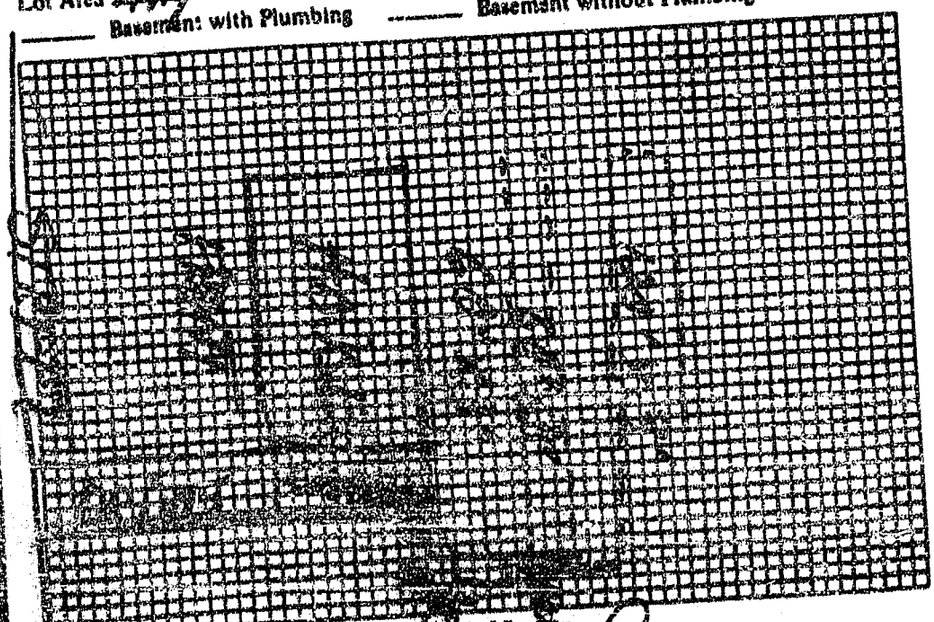
Percolation Rate Good

Topography Level

Depth to Water Table _____

Rock or other impervious formations Not Encountered.

Lot Area Ample. ____ Basement: with Plumbing ____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 225 Lineal Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Forest Shepherd

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY: Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY: Steve Brown DATE 3-17-89.

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