01211

# 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 TRIANGLE CONST. CO. DATE 2-11-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west - T.R. on Airport Rd. - 1/4 mi. on left.

SUBDIVISION NAME LAKEWOOD ESTATES LOT NO. 79 SECTION OR BLOCK NO. _____ S. R. No. _____

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

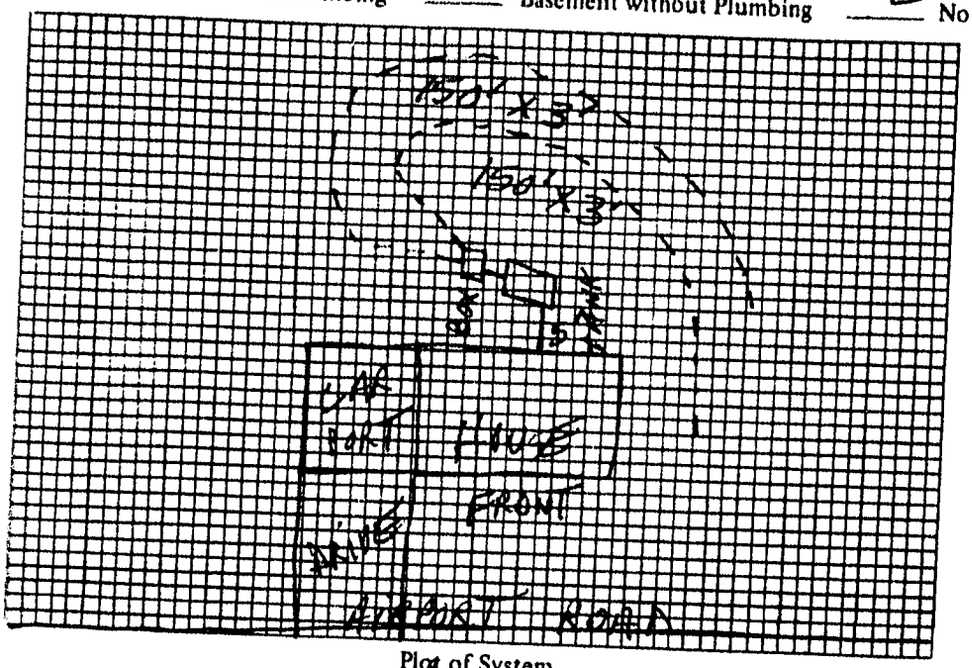
No. Bedrooms 3 No. Bathrooms 1.5

| | | |
|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) |
| Auto. Dishwasher | Yes (✓) | No ( ) |
| Auto. Wash. Machine | Yes (✓) | No ( ) |
| Site Suitable | Yes (✓) | No ( ) |

Lot Area 15,000 sq. ft.

Character & Porosity of Soil Prov. Suitable
Percolation Rate .4 gal./sq. ft.
Topography 2-6%
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. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by TRIANGLE CONST. CO.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Landscape under S.T. system for surface water control.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 2-11-85.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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