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# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR TERRY HOPE CONST. DATE 7-24-92. PERMIT NO. 6E-17-A-92.

PHONE: Business _____ Home _____

LOCATION Airport Rd. off Buffalo Shoals Rd. -T.L. on Parker Loop Rd. -T.L. on 1st St. ½ mi. on R, _____ S.R. No. _____

SUBDIVISION NAME LAKEWOOD ESTATES. LOT NO. 92. SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Prev. Suitable.

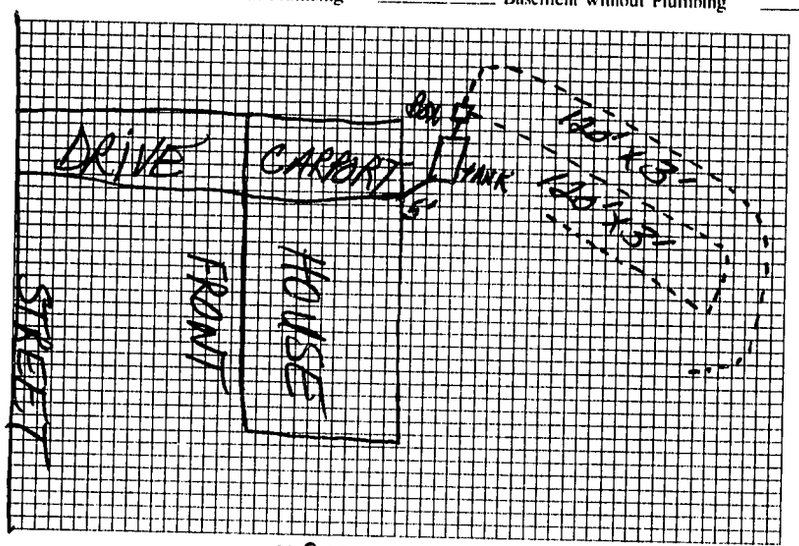
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .500 sq. ft.

Auto. Dishwasher Yes ☐ No ☑ Topography 2-6%

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 6'+

Lot Area 100' X 150' Rock or other impervious formations none Observed.

_____ Basement with Plumbing _____ Basement without Plumbing ☑ No Basement _____ Crawl Space




Plan of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by Arnie Duncan

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-24-92.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold