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 ANGELA OSORIO DATE 3-16-89 PERMIT NO. 148

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west T.R. on Rugosted - appx 1/4 mi. on left. S. R. NO. _____

SUBDIVISION NAME LAKEWOOD ESTATES LOT NO. 4 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 2 Character & Porosity of Soil Brown sandy loam

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate _____

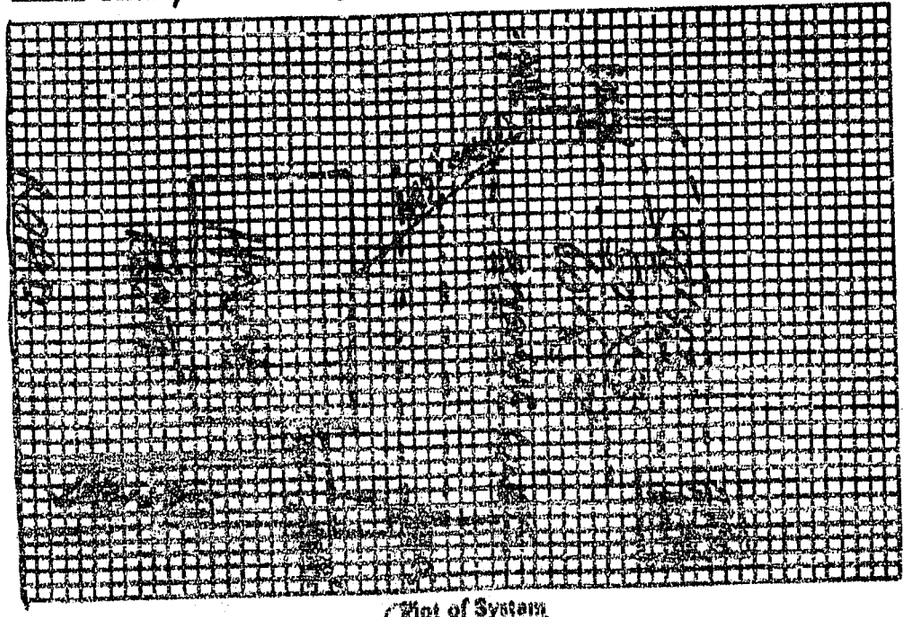
Auto. Dishwasher Yes ( ) No (✓) Topography Rolling

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table _____

Site Suitable Yes (✓) No ( ) Rock or other impervious formations _____

Lot Area Ample

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



(Plot of System)

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 12

Water Supply: Individual ( )
Public (✓)

Installed by David Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: This system is for bedroom & plumbing only.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-10-89

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