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 EDWARD LACKEY DATE 6-9-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 west T-T.R. on Montecello Dr. T.R. onto Timberlane 200 yards on left S. R. No. _____

SUBDIVISION NAME TIMBERLANE DEV. LOT NO. 7 & 8 SECTION OR BLOCK NO. _____

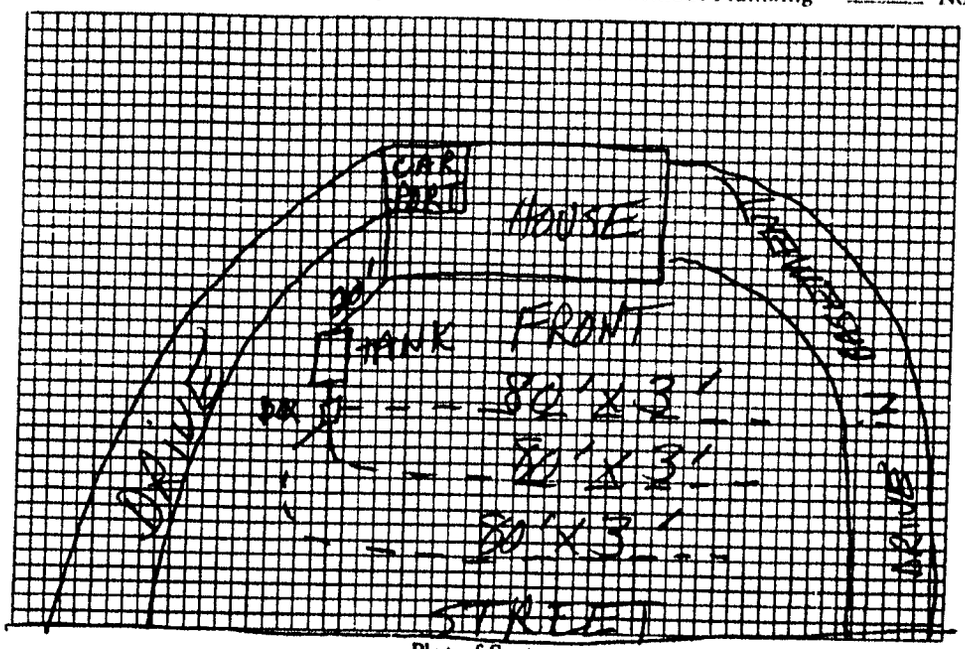
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable 3/4 Yes (✓) No ( )
Lot Area 3/4 acre

Character & Porosity of Soil Grav. Suitable.
Percolation Rate 4-5 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 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Tommy Cothren

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

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Sleeks

COMMENTS: Do not drive or park over any part of septic tank system. Keep water line at least 10' from S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-9-86

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