05286

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 Donald Lackey DATE 10-14-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Sigmon Dr.

SUBDIVISION NAME Donald Lackey Property LOT NO. 3 SECTION OR BLOCK NO. _____ S R No. _____
(Formerly lot 3)

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Clayey
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 4
Automatic Dishwasher Yes ( ) No (✓) Topography 2 to 6%
Automatic Washing Machine Yes (✓) No ( ) Depth to Water Table 10'+
Soil Suitable Yes (✓) No ( ) Rock or other impervious formations None
Lot Area 20,000 SF

No of Lines 2
Sq Ft 900 Length 300

3' R.C.P.

Installed by Donald Lackey
I undersign and agree to install septic tank system as specified on this application.

"POOR QUALITY"

Septic System
IMPROVEMENTS PERMITTED BY P. C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 12-11-87

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 Owner Copy: Pink