03223

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 L. Clark Lundy DATE 2-9-85 PERMIT NO.

PHONE: Business Home

LOCATION 21 N - TL on SR 1919 - TL on SR 1918 Lundy Rd TL in Curve at 2nd drive Mobile Home in field down

SUBDIVISION NAME Mrs. Baker S. R. No.

LOT NO. SECTION OR BLOCK NO. John Lundy

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

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area Adequate

Character & Porosity of Soil Red Sandy Loam

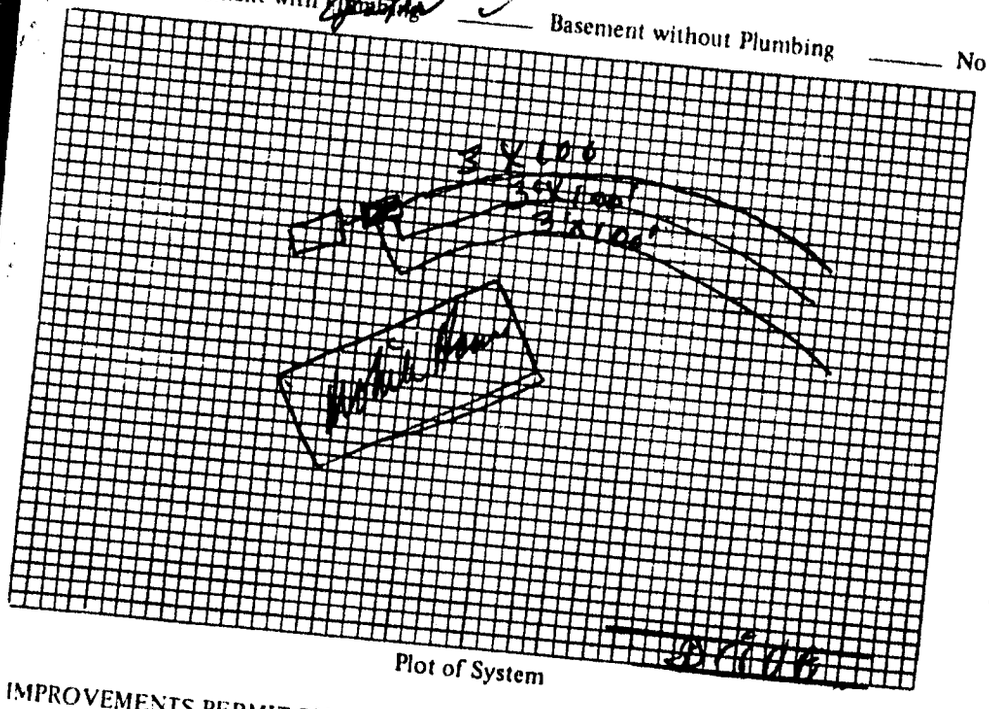
Percolation Rate 4 Bpi @ 24" 2 Bpi @ 22 Ft. Slope

Topography Moderate to Steep

Depth to Water Table 6'+

Rock or other impervious formations Scattered Rock

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"+

Water Supply: Individual (✓)

Public ( )

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 4/9/85

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