MARK FULLER

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13661

OWNER OR CONTRACTOR CECIL LAKEY DATE 11/18/91 PERMIT NO. 12M-A-13

PHONE: Business _____ Home _____

LOCATION US 21 N, TR NC 901 E, TL SHEFFIELD RD, TL BUTLER MILL ROAD, ON (L) ~ 1 MILE

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

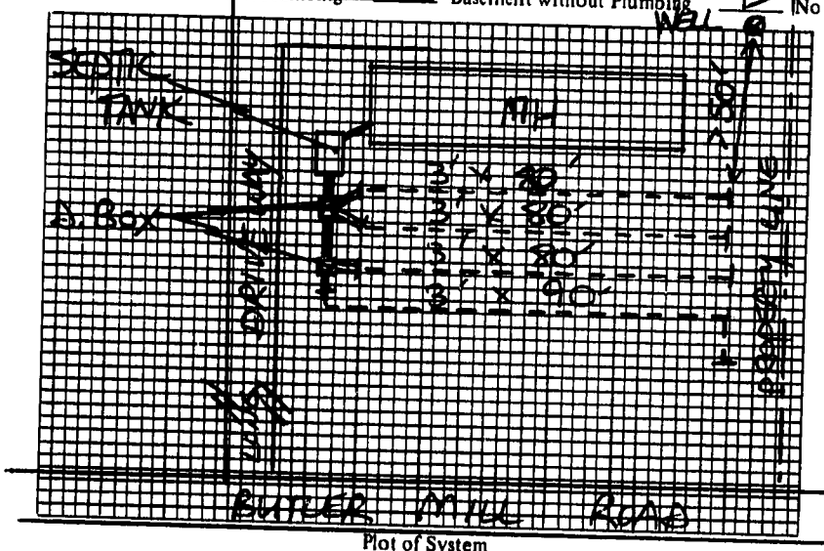
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 4.81 AC

Character & Porosity of Soil PS
Percolation Rate .35 GPD/FT²
Topography 10-15% LS
Depth to Water Table 5'+
Rock or other impervious formations SCATTERED ROCK

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



Plot of System

3ST 10/25/91
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. ~~1235~~ 990 Linear Ft. ~~330~~
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/18/91

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