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12405

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 Max Spear DATE Feb 11, '91 PERMIT NO 20-1-A-64

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 (Stonemarker) on right at jct w/ Tiger Lane S. R. No. _____

SUBDIVISION NAME CLAT CAKE Nbrhood LOT NO. 1693 SECTION OR BLOCK NO. 6

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

No. Bedrooms 3 No. Bathrooms 2½ Character & Porosity of Soil Cecil sandy mica loam

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 35

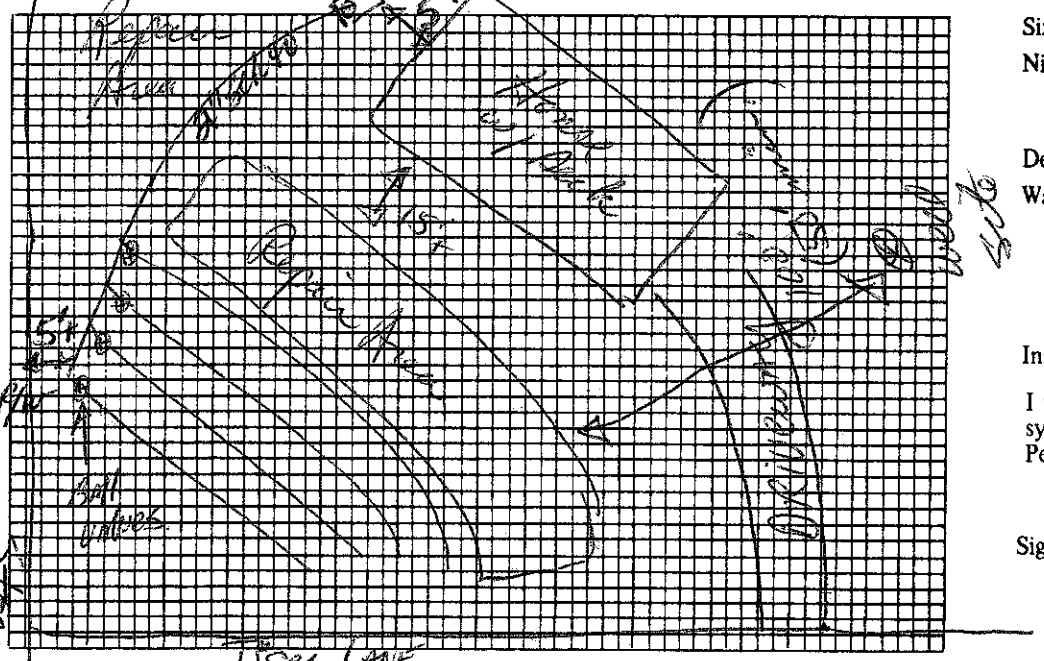
Auto. Dishwasher Yes (✓) No ( ) Topography Rolling

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 4'+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations none obs.

Lot Area ~1.7 Ac

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



1000 g.t.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines ~4

Sq. Ft. 1050 Linear Ft. 350

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: Max Spear

IMPROVEMENTS PERMIT BY David R. Hanson, EHE

COMMENTS: Follow contour w/ drainfield. Maximum trench bottom depth of 36". 1½" sch 40 laterals in 3' wide trenches with one 7/32" hole every 5 feet. 2' pressure head. Pump specs: 29 gal/min at approx. 26' head

CERTIFICATE OF COMPLETION BY _____ DATE _____

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