IREDELL COUNTY HEALTH DEPARTMENT

12023

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

OWNER OR CONTRACTOR Richard Fowler DATE 9/25/90 PERMIT NO. 2C-2-A-28

PHONE: Business _____ Home _____

LOCATION Wally Rd.

S. R. No. _____

SUBDIVISION NAME Yacht Cove LOT NO. 28 SECTION OR BLOCK NO. _____

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

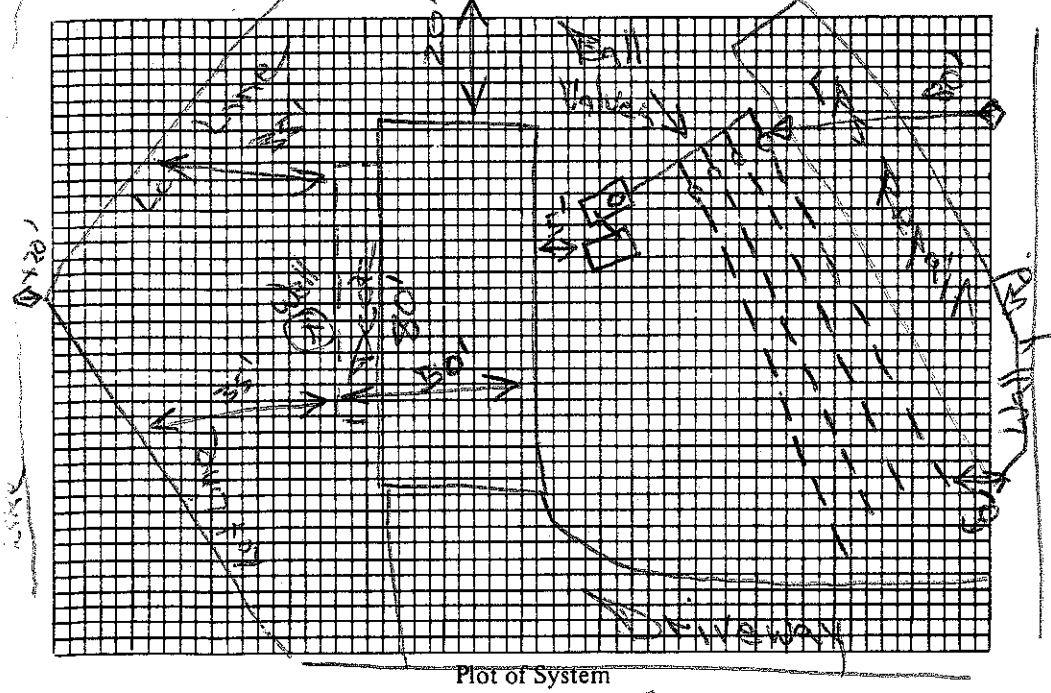
No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil Ps clay
Percolation Rate ~.4 dpd/sq ft
Topography 1-5% S
Depth to Water Table +3'
Rock or other impervious formations none obs

Lot Area 1000 FT

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900' Linear Ft. 300'
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: Norman McDade

* Well +50' from Tanks + Drainfield

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: 25 gpm 16' TDH 1 5/32" Hole every 5'
~30' 2" Sch 40 pipe 1¼" lateral
Once plumbing is stubbed out site may be reevaluated to see if possibility exists to install system gravity flow.

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