08671

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 Leigh Elrod DATE 4/8/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR Chuckwood TR 1674 (Indian Lp.) ~ 3/4 mi on L. S. R. No. _____

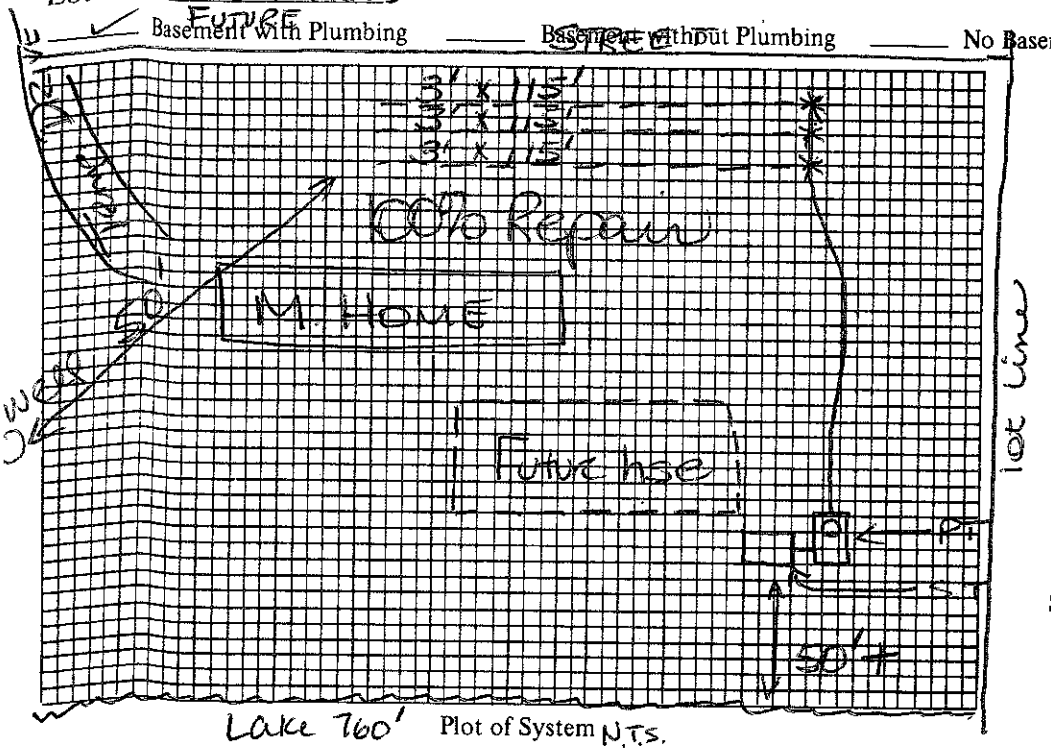
SUBDIVISION NAME CL&T LOT NO. 1673 SECTION OR BLOCK NO. 7

~~FUTURE~~ ~~PRESENT~~
House (FUTURE) Mobile Home (PRESENT) 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 1.2 ACRES

Character & Porosity of Soil clayey
Percolation Rate ~ .4 gpd/ft²
Topography 60%
Depth to Water Table 41+
Rock or other impervious formations none observed

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System N.T.S.

Pump. 1000

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3 ACP. 345
Sq. Ft. ~~1000~~ 1035 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: Miriam Leigh Elrod

IMPROVEMENTS PERMIT BY Andrew C. Pierce

COMMENTS: Set tanks to accomodate future development Pump to pressure dosed drainfield w/ Ball valve at la ditch 2' pressure head on each ditch 5/32" hole every 5' in the 1½" PVC pipe. (WORKING LINES.) CALL if questions.

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