19330

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

4624340626

OWNER OR CONTRACTOR Ron Sherrill DATE April 10, '90 PERMIT NO. 2F-3-A-96

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TL 1445 (Kemp Rd.) TL Cooley Rd. ~ 1/8 mile on left S. R. No. _____

SUBDIVISION NAME CLOT / CAKE NORMAN LOT NO. 96 SECTION OR BLOCK NO. 8

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

No. Bedrooms 5 No. Bathrooms 3

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

Lot Area ~1/2-3/4 AC.

Character & Porosity of Soil PS clay

Percolation Rate 1 in 35

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1500 p.t.

Size of Tank 1500 Gals.

Nitrification Field:

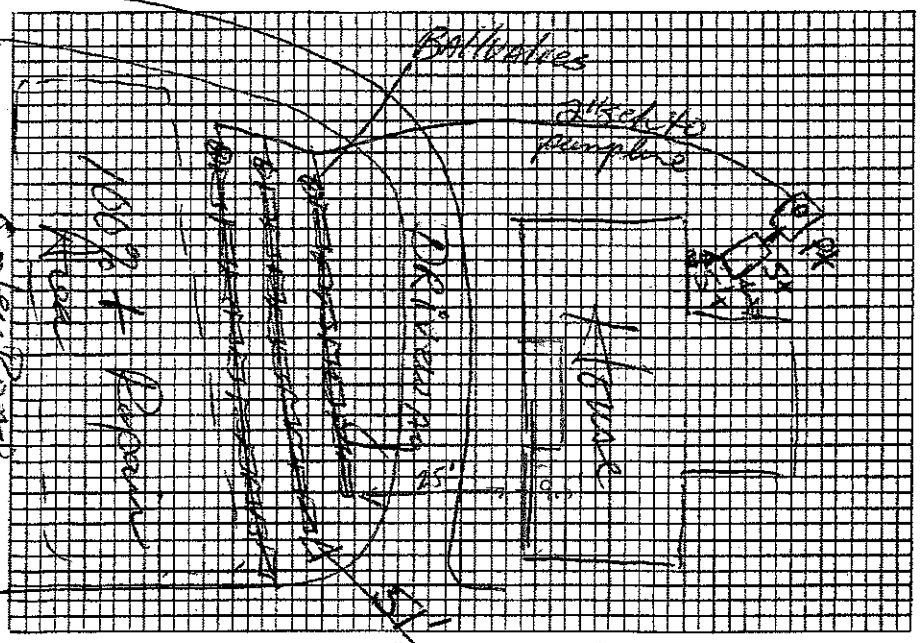
No. of Lines 3

Sq. Ft. _____ Linear Ft. 285'

Depth of Stone in Lines 16" T & B

Water Supply: Individual (✓) panels pressure dozed

Public ( )



Plot of System

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Drainfield area topo changed by grading; lines follow new contour. Alarm tested & working but not yet permanently mounted.

Operation permit

CERTIFICATE OF COMPLETION BY David R. Hanson, EHS DATE 4-10-90

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

IREDELL COUNTY HEALTH DEPARTMENT

01330

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

OWNER OR CONTRACTOR Ron Sherrill DATE Jan-24-89 Quad PERMIT NO. 20-B

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1445 (Kemp Rd.) TL Cooley Rd. ~1/8 mile on left S. R. No. _____

SUBDIVISION NAME Lot Lake Norman LOT NO. 96 SECTION OR BLOCK NO. 8

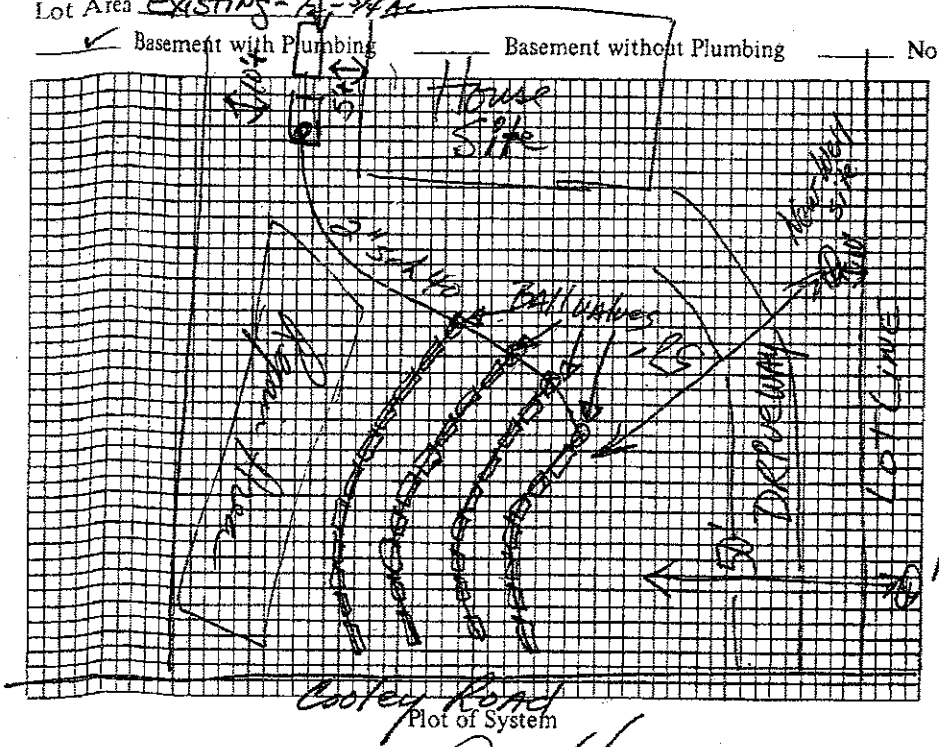
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 5 No. Bathrooms 3

Garbage Disposal ~~Unit~~ Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ OS Yes (✓) No ( )
Lot Area Existing - ½ - 3/4 Ac

Character & Porosity of Soil clay
Percolation Rate ~35
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

1500 p.T.

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines ~4
Sq. Ft. _____ Linear Ft. 285'±
Depth of Stone in Lines 16" T&T panels pressure-dosed
Water Supply: Individual (✓) Public ( )

Installed by _____

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

Neighbors well Signed _____

66 panels total
* One 5/32" hole per panel
2 foot pressure head predicted
~220 gal per dose (10" stroke)

IMPROVEMENTS PERMIT BY _____, R.S.

COMMENTS: Fill in old pit privy. Remove old water lines near street. Remove old sewage system where house is to go and haul material to landfill. Follow contour with new drainfield. Trench bottom depth ~ 30". Pump specs: 28 gal/min at ~20' TDH

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold