07666

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 Lesia Barkley DATE April 18, '89 PERMIT NO. 4626-41-4823

PHONE: Business ______ Home ______

LOCATION 1100 TR 1177 (Chuckwood) TR Seagrove TL Lakeland Bear left in curve on left S. R. No. ______

SUBDIVISION NAME Holiday Harbor LOT NO. 65 SECTION OR BLOCK NO. ______

House ( ) Mobile Home ( ) Business ( ) Other Relayout

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

~~Site Suitable~~ PS Yes ( ) No ( )

Lot Area ~20000 ft²

Character & Porosity of Soil Clay

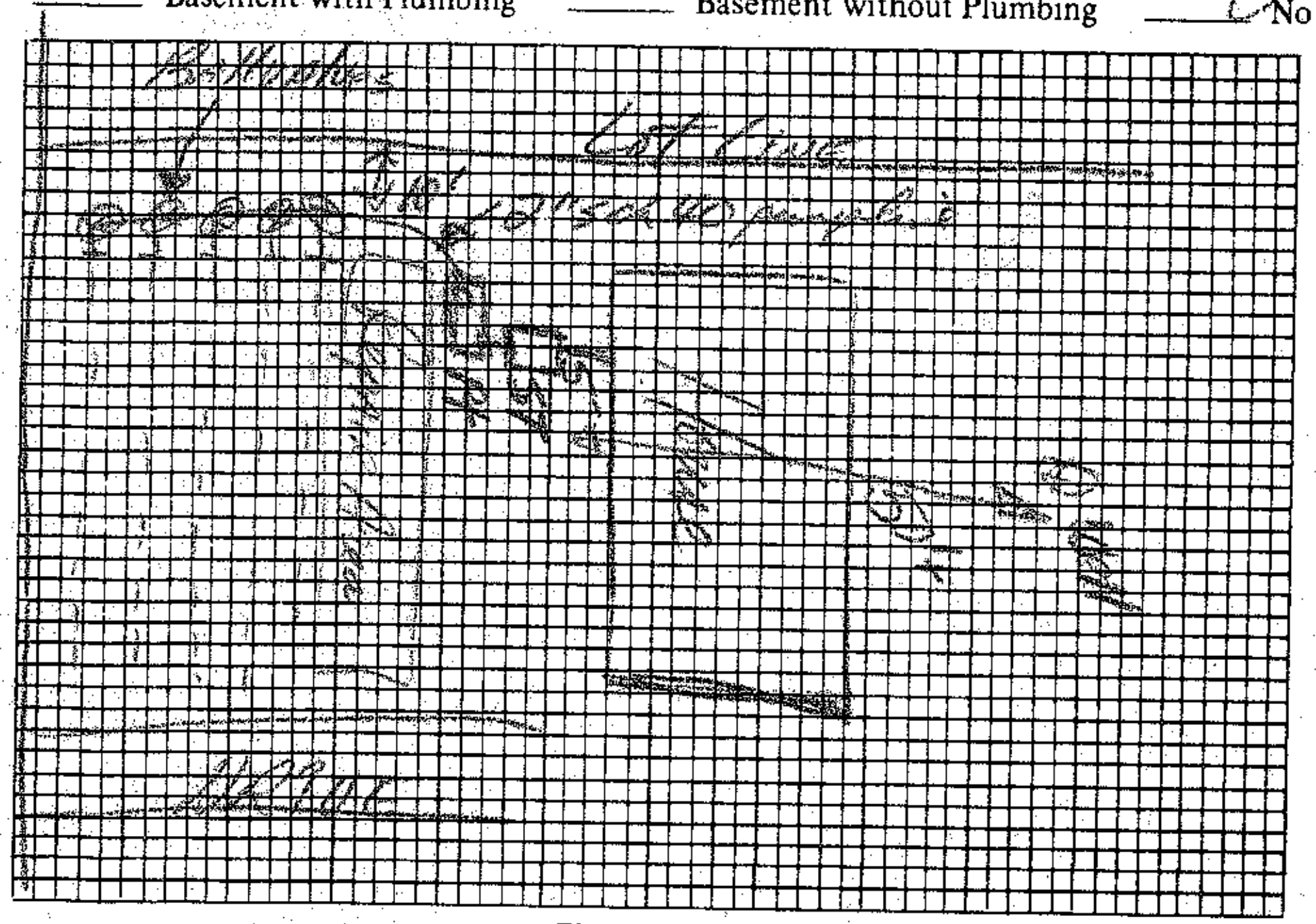
Percolation Rate 74

Topography ~4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

1250 p.t.

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines ~5

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 X [signature]

Pump specs: 25 gal/min at approx. 15' TDH

IMPROVEMENTS PERMIT BY [signature], R.S.

COMMENTS: Follow contours. Trench bottom depth 30". Use 1¼" or 1½" sch 40 laterals with one 5/32" hole every 5 feet (60 holes total). Two foot pressure head per ditch.

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