4626-41-7593

11623

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 Hendrix Const. DATE 10/2/90 PERMIT NO. ZF-6-A-81

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chuckwood) 1/4 - 1/2 mi on right

_____ S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 81 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Upgrading system from 2 Bdr. capacity to 3 Bdr. capacity

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 ~100' x 200'

Character & Porosity of Soil ps clay

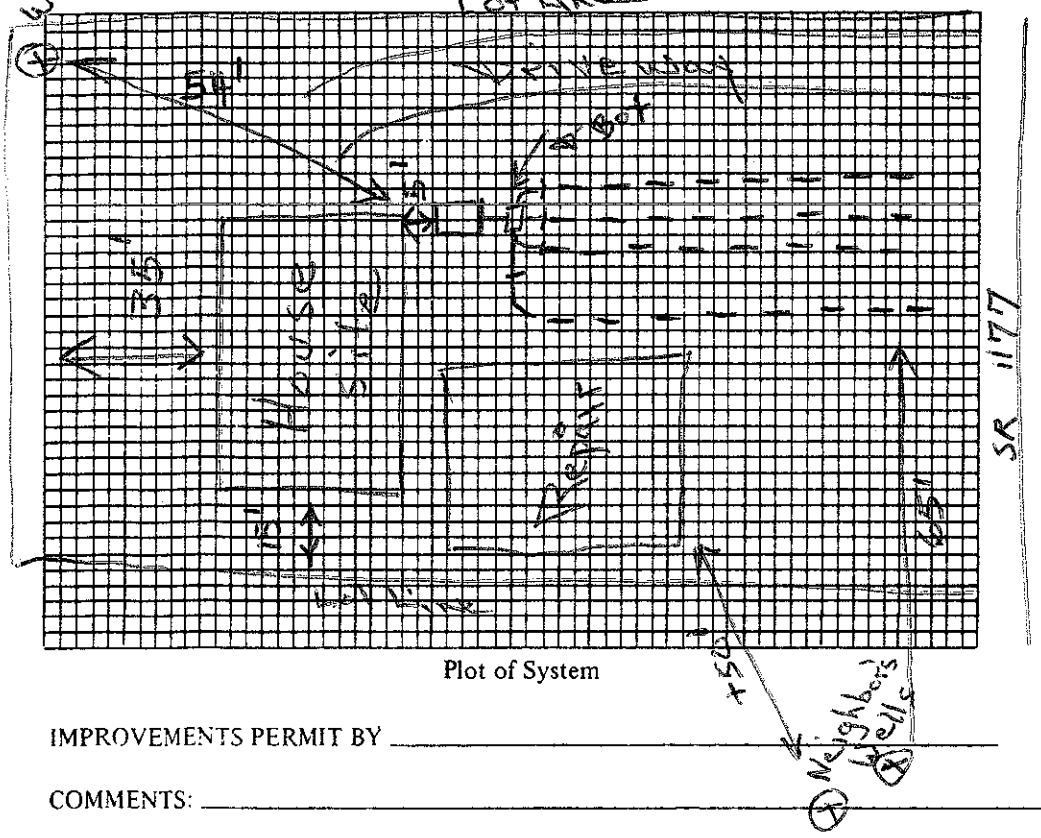
Percolation Rate ~0.3' 2-49

Topography

Depth to Water Table 4' +

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 390 Linear Ft. 130'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Foster's Pool Const.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 10/2/90

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