4626-41-7706

10824

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 David Michael Ellis DATE Sept 5, '90 PERMIT NO. 2F-6-A-68

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chickwood) TR Seagrove TR Lakewood

80 Straight S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 68 SECTION OR BLOCK NO. _____

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

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 ( )

Character & Porosity of Soil ps clay

Percolation Rate .35-4

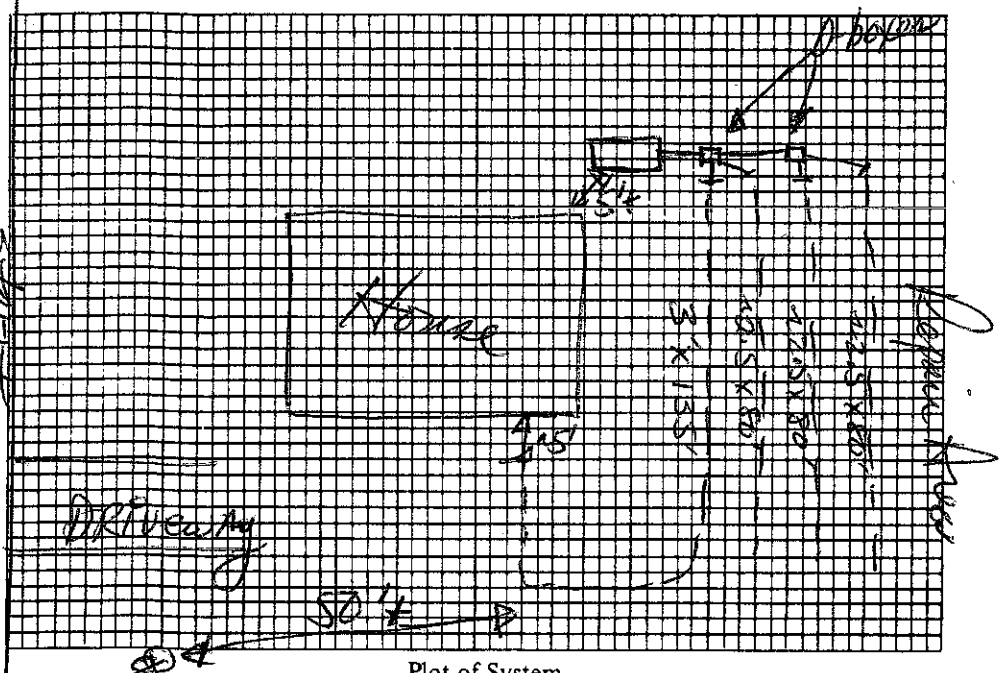
Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations none to 6'

Lot Area 20000-ft² +

_____ Basement with Plumbing _____ Basement without Plumbing 1 No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Darrell Schooley

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Extra footage added to upper trench to compensate for narrow width (30") on lower 3 trenches.

CERTIFICATE OF COMPLETION BY DR Hinson, EHS DATE 9-5-90

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