IV

4626-43-1222

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 Don Fulk DATE March 15, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR 1279 (Seagrove) TR 1280 (Lakeland) at end

S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 40 SECTION OR BLOCK NO. _____

Ex. House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms ~6 No. Bathrooms ~4

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil shallow clay to hard rock

Percolation Rate ≤ 3

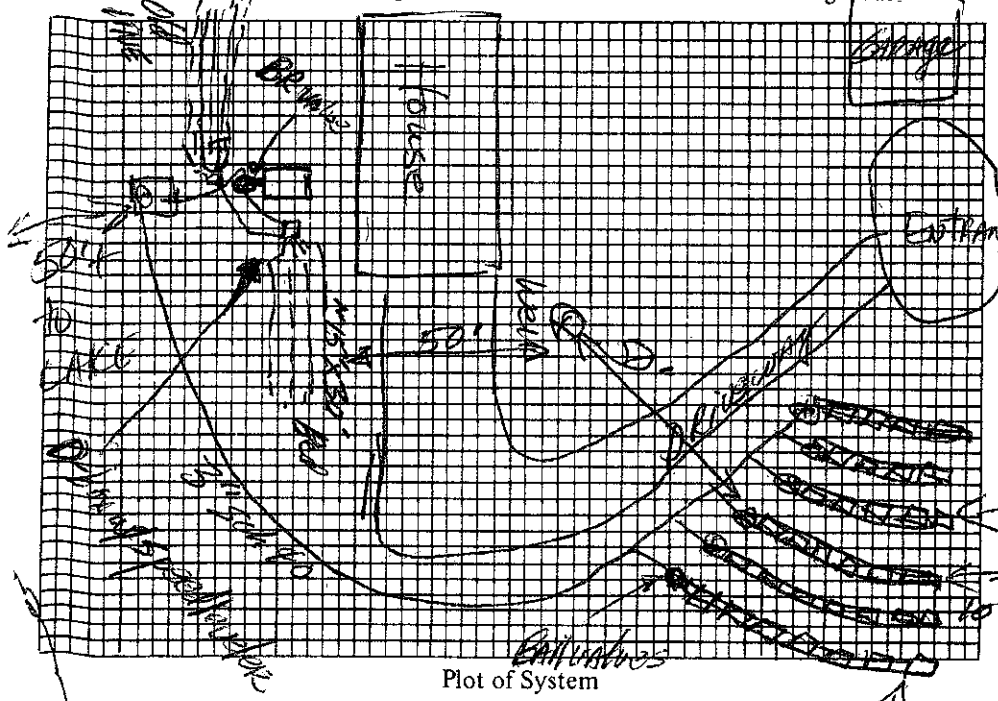
Topography 15-25%

Depth to Water Table 2'+

Rock or other impervious formations hard rock ~2'

Lot Area Existing 1500 p.f.

___ Basement with Plumbing ___ Basement without Plumbing No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. _____ Linear Ft. 300' & 78'

Depth of Stone in Lines Trenches

Water Supply: Individual (✓) pressure-

Public ( ) dosed

~15'x30' Bed

Installed by J.K. Bowles

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

50' ⊗ Neighbors well

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 50' 76' Lake

lower 3 lines west from previous sewage, road, etc. • Bell Run valve set for bed system to allow ½ time for panel system to dry.

CERTIFICATE OF COMPLETION BY _____ DATE 3-15-89

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