8184

5.30

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 Shirley T. Wilson DATE 6/17/88 PERMIT NO.

PHONE: Business Home 283-1621

LOCATION 1100 TR McKendrie TL Kemp TL Agnew On R ~ ½ mile S. R. No.

SUBDIVISION NAME CL and T LOT NO. 164B SECTION OR BLOCK NO. 8

House ( ) Mobile Home (✓) 3 BR Prestige at Business ( ) Other

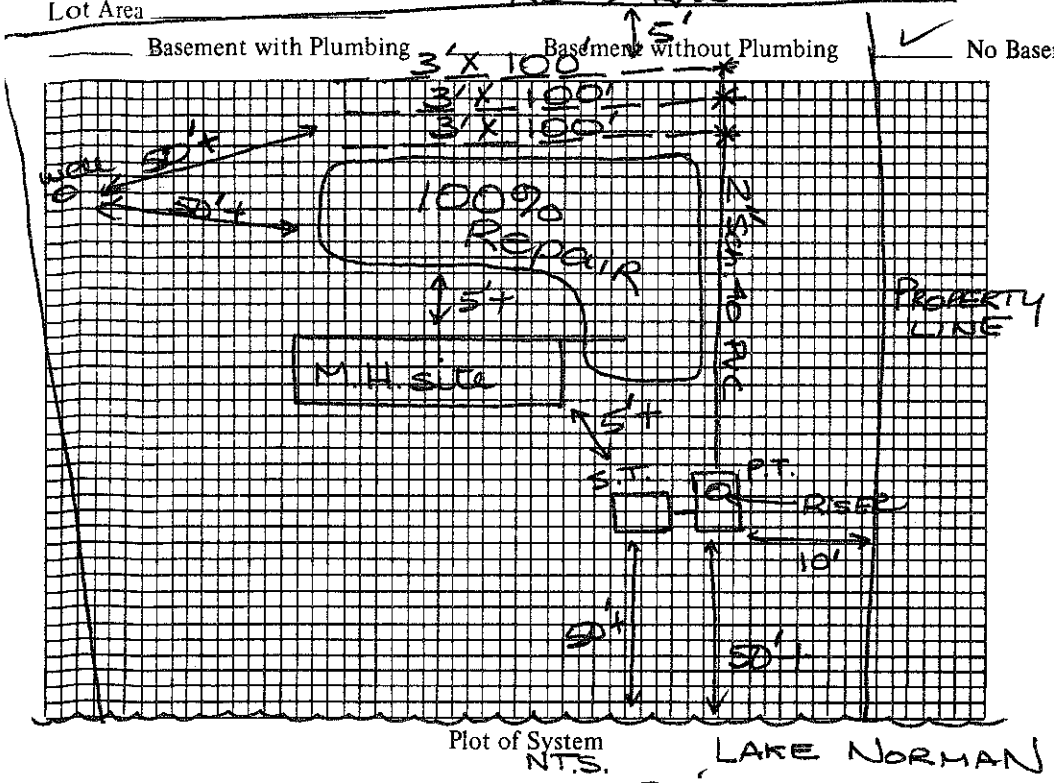
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clayey (Shallow) 36"
Percolation Rate ~.4
Topography 10-15%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System N.T.S.

LAKE NORMAN

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
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: Shirley T Wilson

IMPROVEMENTS PERMIT BY Andre C. Price

COMMENTS: Set tanks AT LEAST 50' from lake. Pump through Solid 2" PVC pipe to ditches. Valve each diten and Run if SHALLOW (24") and level. A high water alarm shall be mounted and installed on a separate circuit. 2' pressure head on each ditch is REQUIRED.

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