08120

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 Rick Wilson DATE March 29, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1445 (Kemp Rd.) TR Agnew Rd. ~¼ mile on Rt. S. R. No. _____

SUBDIVISION NAME OLST LAKE NORMAN LOT NO. 1647 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~~ OS Yes (✓) No ( )

Lot Area 1 Ac. ±

Character & Porosity of Soil area of drainfield clay

Percolation Rate ~3

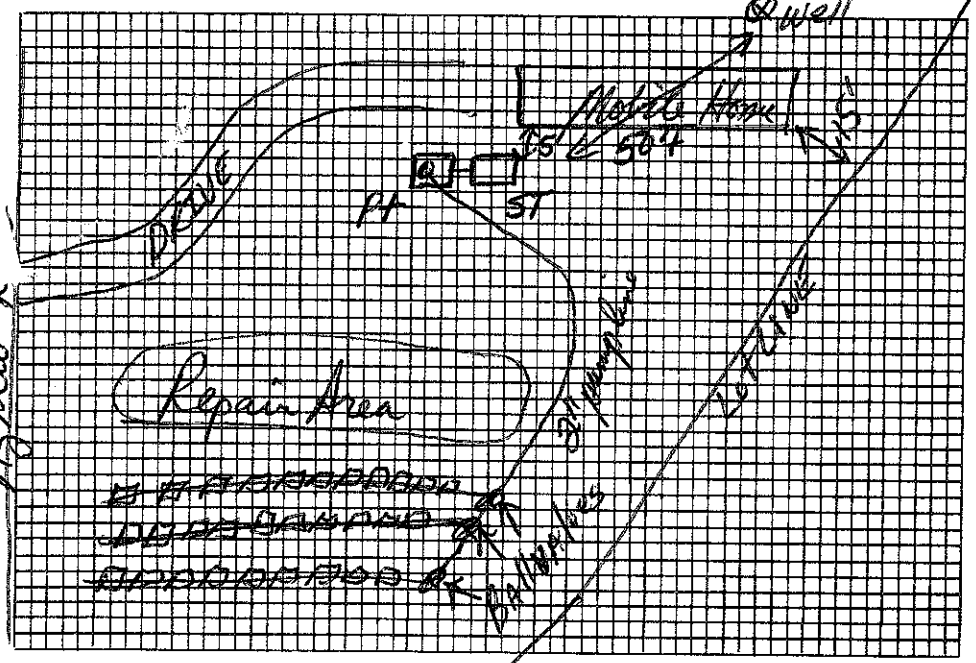
Topography 10-15%

Depth to Water Table 4ft

Rock or other impervious formations none obs. (LAKE)

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1250 gal pump tank



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines ~3

Sq. Ft. _____ Linear Ft. 210 ±

Depth of Stone in Lines 16" ~4" panels

Water Supply: Individual (✓) Public ( ) pressure-dosed

Installed by _____

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

Signed: ✓ _____

IMPROVEMENTS PERMIT BY David R. Hanson R.S.

COMMENTS: Divert surface water around area of sewage system. Slightly shape area of drainfield. ~20 panels/ditch; 2 holes/panel, 5/32" holes; 2' pressure head/ditch; pump needs to be capable of delivering 50 gal/min at approx. 23' total head (~3/4 HP pump).

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