6724

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 Samuel Wermuth DATE 11/6/87 PERMIT NO. _____

PHONE: Business _____ Home (919) 855-0550

LOCATION 1100 TR McKendrie TL Kemp TL Agnew ON R. (N 1/2 mi)

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 73 SECTION OR BLOCK NO. 8

~~Future (temporarily)~~ CL&T Lot # 1645

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area ~2.23

Character & Porosity of Soil clayey

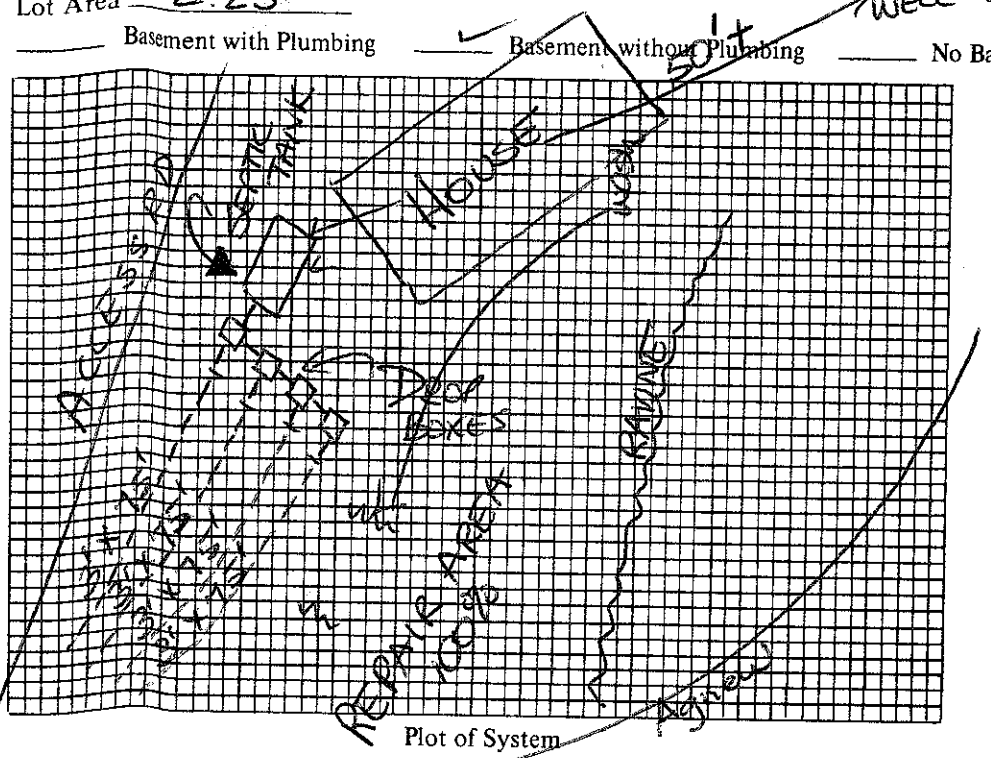
Percolation Rate 4.4 gpd/ft²

Topography 6-12%

Depth to Water Table 4'+

Rock or other impervious formations none observed

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 75x4=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: WR McCleave Jr for S.S. Wermuth

IMPROVEMENTS PERMIT BY Andrew C. Queen

COMMENTS: Set tank as HIGH up hill as possible to acheive fall to tank. Run lines on contour – SHALLOW (30" to bottom of ditch.) USE DROP BOXES to distribute effluent.

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