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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 Bob Porter DATE April 26, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1445 (Kemps Rd.) TR 1257 (Agnew) ~1/2 mile on Rt. S. R. No. _____

SUBDIVISION NAME LOT LAKE Norman LOT NO. 150 SECTION OR BLOCK NO. 8

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 ( )

Lot Area 1 Act

Character & Porosity of Soil Clay

Percolation Rate N. 3

Topography S-I-SD

Depth to Water Table 4'+

Rock or other impervious formations none obv.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1250 gal pump tank

Size of Tank 1250 Gals.

Nitrification Field:

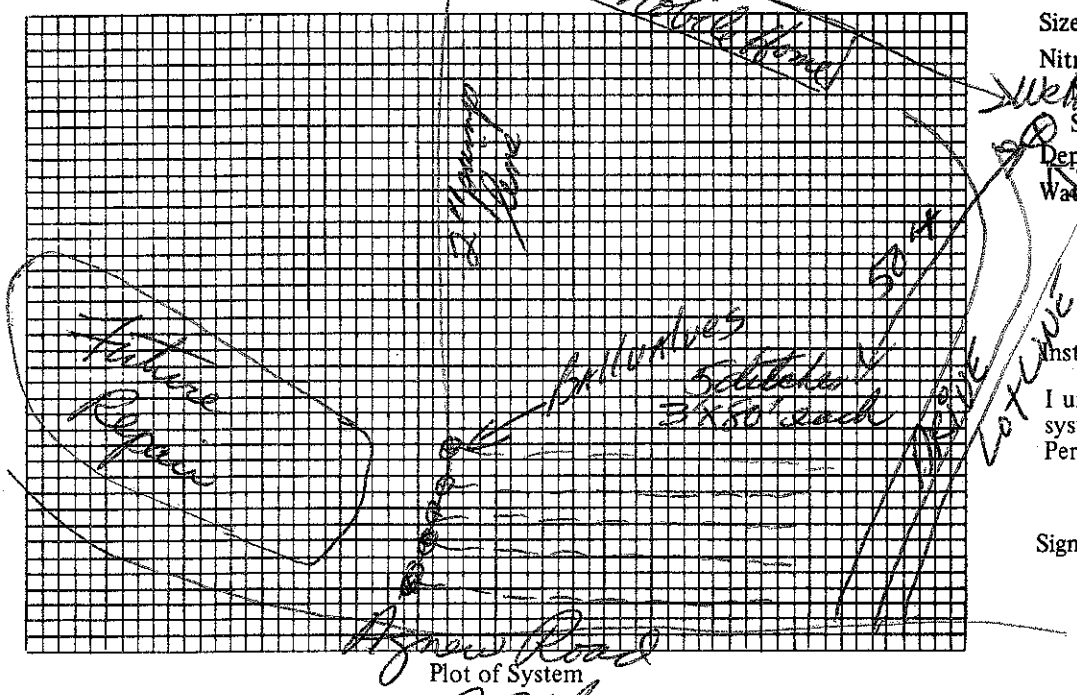
No. of Lines 5

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by _____

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

Signed ~~X~~ D. Robert Porter Jr.

IMPROVEMENTS PERMIT BY D R Henson RS.

COMMENTS: Pressure dosed conventional field. Keep drainfield shallow (12" cover, 24" to bottom of ditch). Use 1¼"-1½" pvc sch 40 down the center of each ditch with one 3/32" hole 5 feet. 2' pressure head/ditch. Pump needs to be capable of delivering 33 gal/min at ~20 Total head (3/4 HP)

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