08796

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 Allen St. Clair DATE May 17, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR Beech Tree TR King's X Rds TR 1st gravel rd. at end on left S. R. No. _____

SUBDIVISION NAME OLA LAKE NORMAN LOT NO. 167 SECTION OR BLOCK NO. 8

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~~ PS	Yes (✓)	No ( ) LAKE	

Character & Porosity of Soil clay
Percolation Rate 2, 3
Topography 6-8% area & drainfield
Depth to Water Table 4'+
Rock or other impervious formations none obs.

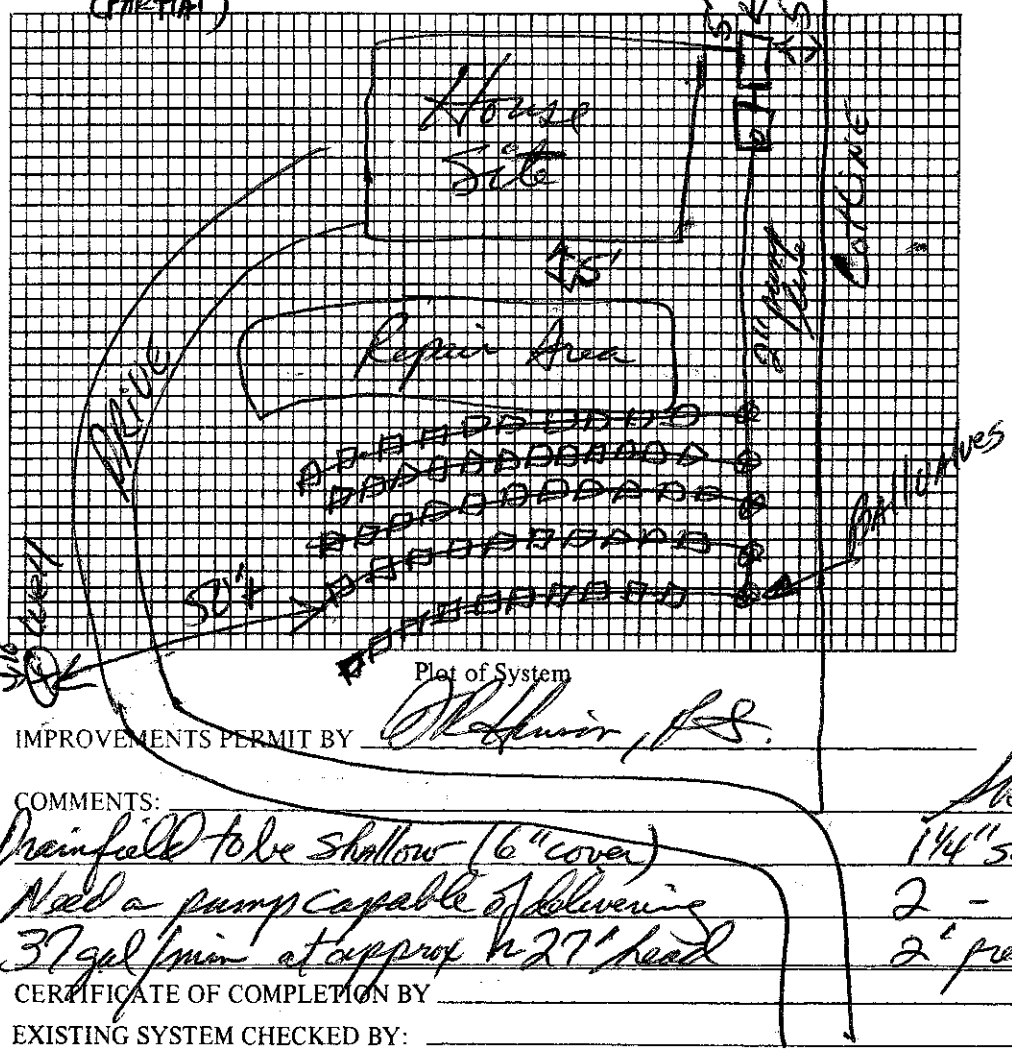
Lot Area 2/1 Ac

_____ Basement with Plumbing (PARTIAL) _____ Basement without Plumbing _____ No Basement

1000 gal pump tank

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 45
Sq. Ft. _____ Linear Ft. 200' ea
Depth of Stone in Lines 16" Top
Water Supply: Individual (✓) panels
Public ( ) pressure dosed



Installed by _____

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

Signed: ✗ Norman McDole

Old - lined pipeline Replace pipeline

IMPROVEMENTS PERMIT BY _____

COMMENTS: Shape area of drainfield
Drainfield to be shallow (6" cover) 144" Sch 40 pvc thru panels
Need a pump capable of delivering 2 - 5/32" holes per panel
37 gal/min at approx 27' head 2' pressure head / ditch.

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