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 Larry Edwards DATE 6/4/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100, Rt on McKindre, Rt on Lakeview, ≈ 1 mile on Rt

S. R. No. _____

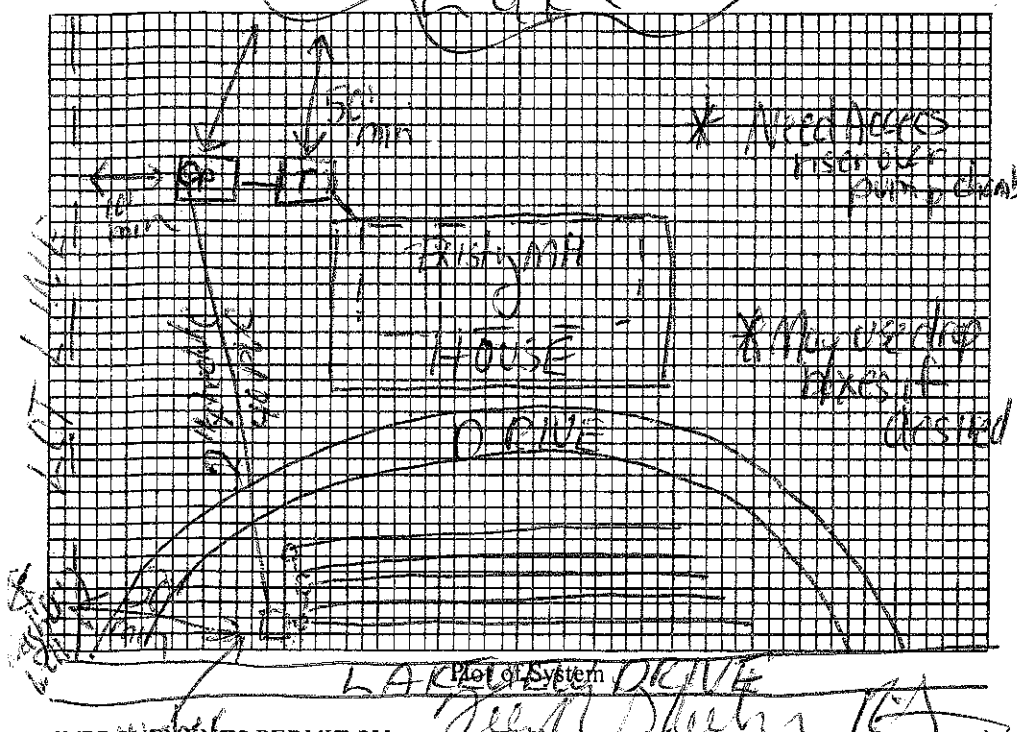
SUBDIVISION NAME CLET LOT NO. 310 SECTION OR BLOCK NO. 8

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

No. Bedrooms 4 No. Bathrooms _____
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ≈ 3/4 acre

Character & Porosity of Soil clayey
Percolation Rate 24 spd/ft 24"
Topography 4-6% in spetic area
Depth to Water Table 4ft
Rock or other impervious formations None Noted

_____ Basement with Plumbing ___✓___ Basement without Plumbing _____ No Basement




1500 Septic, 1600 pump
Size of Tank 4-50 gal washer box Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓) Shared w/
Public ( )

Installed by _____

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

Signed: R F Edwards

Use 1/2 Hp pump & dose ≈50 gallons/dose

IMPROVEMENTS PERMIT BY Jeff Blalock REHS

COMMENTS: Pump to 2.5 gal washer box as "surge chamber"
Use number of lines in configuration as needed to obtain 400 LF
Keep tanks lower than lower floor level but keep them 50' min from Lake
Need high water alarm on separate circuit from pump w/panel in house

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