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400

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 Thomas Causey DATE July 26, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 SR 1115 (McKendree) SR Right Circle SR 1st St. SR next street At end S. R. No. _____

SUBDIVISION NAME COLE LAKE Norman LOT NO. 401 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~~ Yes (✓) No ( )

Lot Area ~2 3/4 ac

Character & Porosity of Soil clay

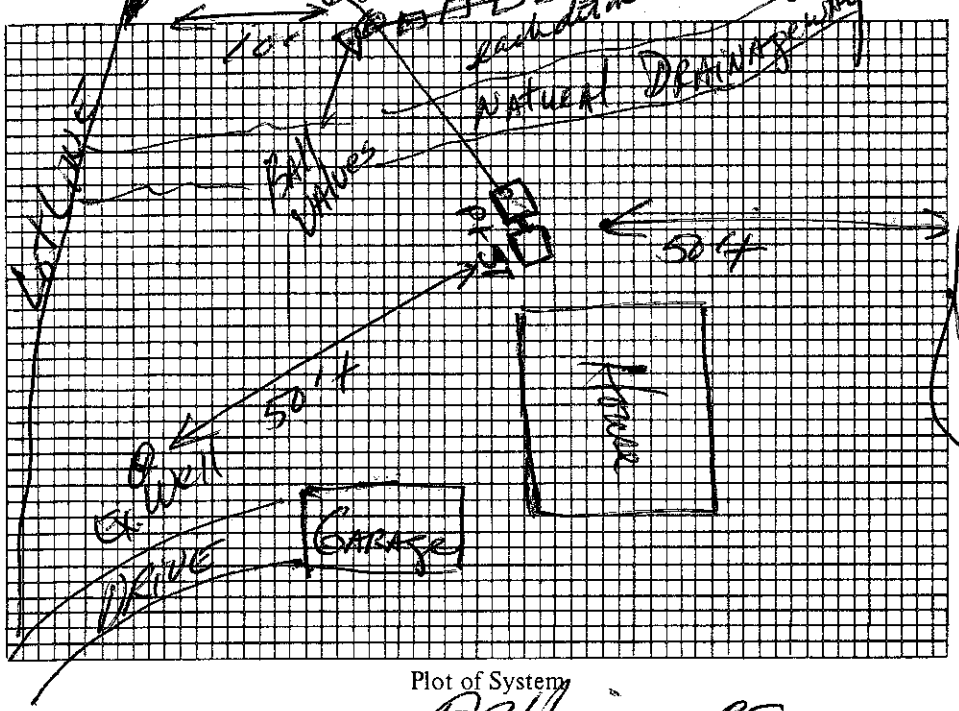
Percolation Rate ~35

Topography 20-25%

Depth to Water Table 4'+

Rock or other impervious formations none to.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

1250 gal pump tank

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 180'

Depth of Stone in Lines 16" min

Water Supply: Individual (✓) panels pressure-dosed

Public ( )

Installed by _____

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

Signed: JE Causey

IMPROVEMENTS PERMIT BY JR Thompson RS.

COMMENTS: Install panel drainfield at a depth of 30" to bottom of ditch (8" cover) and on contour. Use 1¼" sch 40 thru panels with two 3/32" holes per panel, 2' pressure head per ditch. Need a pump capable of delivering 33 gal/min at ~191' TDH (~3/4HP)

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