06395

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Pete Stamey DATE April 27, '92 PERMIT NO. 2L2A386

PHONE: Business 525-0180 Home

LOCATION 1100 TR 1115 (McKeachee) TR 1457 (High Cir.) TR Chester Place on right S.R. No. 1457

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 386 SECTION OR BLOCK NO. 8

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing (~100' x 330')

Soil Characteristics Area of Drainfield (original/conv.) ps Sandy clay

Application Rate .4

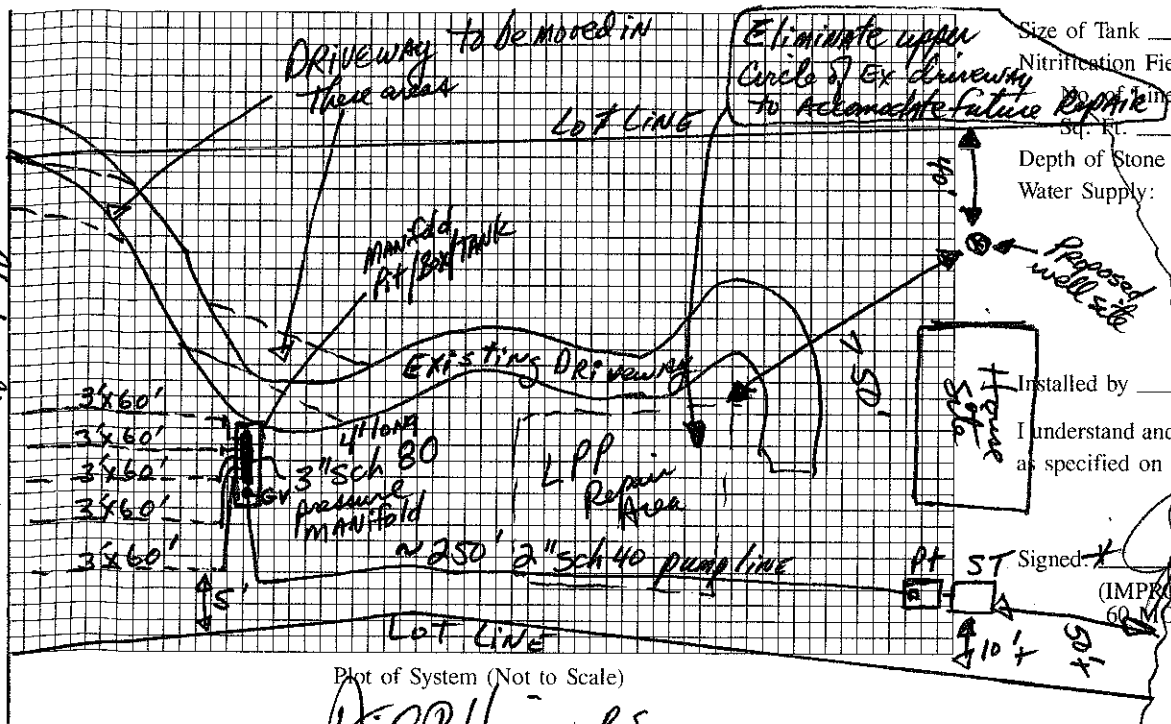
Topography 2%

Depth to Water Table > 4'

Rock or other impervious formations NONE OBS w/in 4'

LPP repair area
.2 applrate
360 LF / 15' oc
Shallow soil to bed rock 1' wide trenches ~ 1' deep

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement _____ Crawl Space




Plot of System (Not to Scale)

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ TO BE DRILLED

Public ☐

Installed by

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

Signed Pete Stamey

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

Pump specs: 43 gal/min at Approx 48' head

IMPROVEMENT PERMIT BY David R. Hinson, R.S.

COMMENTS 36" MAX trench bottom depth on original nitrification lines. Pressure manifold to be in precast or built in place sealed block pit w/ steel or concrete lid. ½" taps 6" apart, 1' solid (no taps) on each end of p.m. & cleanout on ends ½" ball valve on each tap, 2" ball or gate vale at head of p.m. Threaded plug/taps on tap for head adj.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

* Septic Tank Contractor to contact/visit with ME prior to installing system! DRH