10641

# 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 Harold Finlon DATE Oct-31, '89 PERMIT NO 2L-6-A-159

PHONE: Business _____ Home _____

LOCATION 150 W. TL 1211 (Paradise Pen.) Bear left on 1218 (Greenbay) ½-1 mile on Right S. R. No. _____

SUBDIVISION NAME CLAT LAKE NORMAN LOT NO. 1141 SECTION OR BLOCK NO. 10

Future Temp.

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 1.05 AC.

Character & Porosity of Soil sandy clay

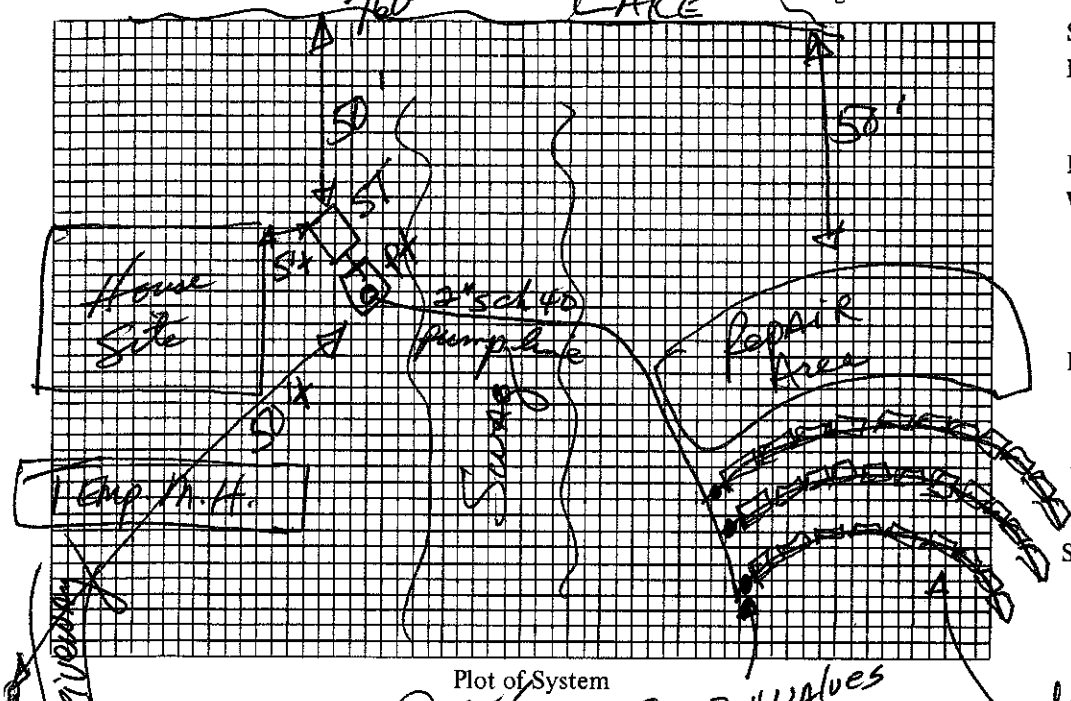
Percolation Rate .35 - .4

Topography 10-15% somewhat complex

Depth to Water Table 4+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement ~~without Plumbing~~ ✓ No Basement




Plot of System

Size of Tank 1000 Gals. 1000 p.T.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 180'

Depth of Stone in Lines 16" ± 3

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 H G Finlon

IMPROVEMENTS PERMIT BY D. Hinson R.S.

COMMENTS: Greenbay Road

Follow contour with drainfield. Maximum trench bottom depth of 36". Two feet of pressure head per ditch. Use 1¼" sch 40 three panels with ONE 5/32" hole per panel. Pump specs: 18 gal/min at approx 22' TDH

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

