## 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 Pier Snack Bar DATE 1-24-79 PERMIT NO. 18

PHONE: Business _____ Home _____

LOCATION 150 w TL at Pier restaurant.

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

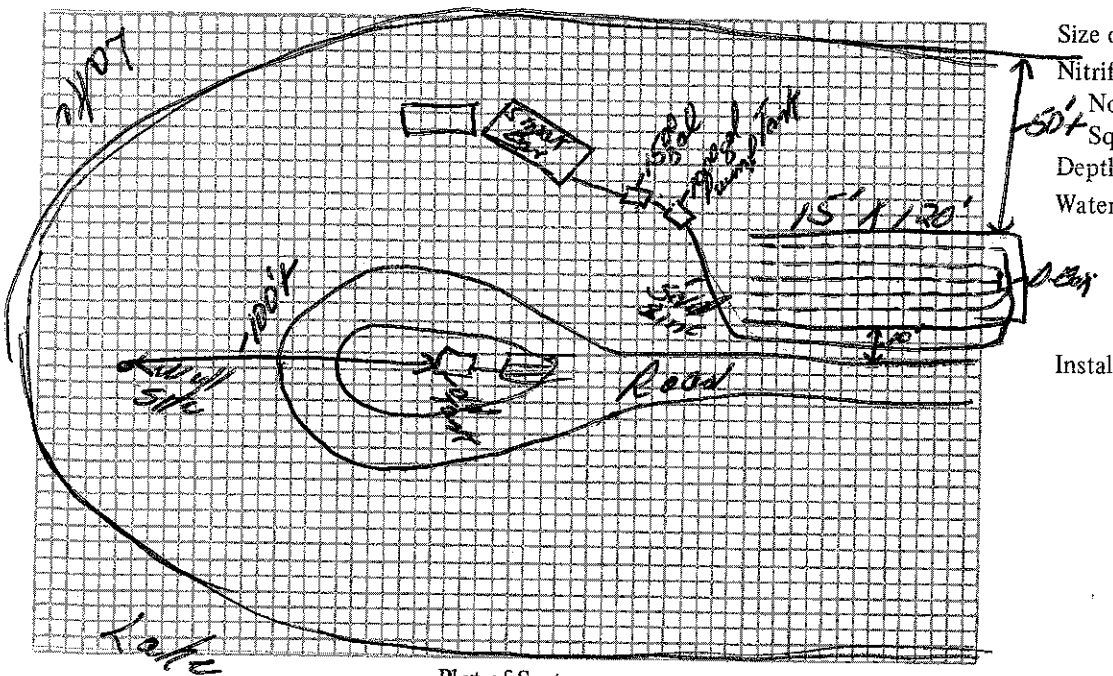
House ( ) Mobile Home ( ) Business (✓) Other 20 seat restaurant

No. Bedrooms 1 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No (✓)
Site Suitable Yes (✓) No ( )

Lot Area Existing

Character & Porosity of Soil Clay loam
Percolation Rate 60 min/in
Topography 5 to 10% Slope
Depth to Water Table 6 to 8'
Rock or other impervious formations None




Plot of System

Size of Tank 1500 - 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1800 Linear Ft. 600
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: System to have 2 pumps 1 for back up in case one goes out. Pumps to be approved by Health Dept for proper size

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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