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 Jack C. Current DATE 10/15/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W, Rt on Perth Rd, Lf on Fern Hill Church Rd, Straight onto Point of View Road, Lf approx 5/10 mile S. R. No. _____

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

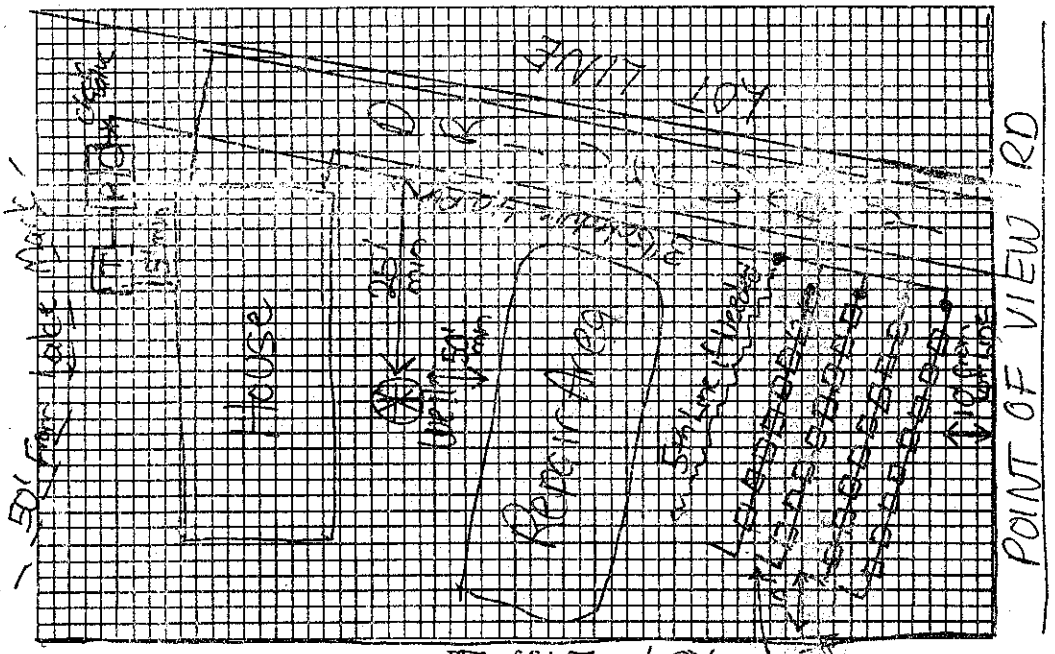
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 7

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	0.4 spg/ft	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-12% on septic area	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	41'	
			Rock or other impervious formations	None noted	

Lot Area _____

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 septic 1000 pump Gals.

Nitrification Field:
No. of Lines 200 LF of 16" T&J Panels
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual _____ Community _____
Public ( ) Keep well 25' from 3" pipe 50' from repair area

Installed by _____

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

Signed: Andy Yarnell

Dose ≈ 200 gallons/dose

IMPROVEMENTS PERMIT BY Ralph Sheek

COMMENTS: Use pump capable of providing 45 gpm at 60 feet of Head. Pump through 3" Schedule 40 PVC to reduce friction. Two holes per panel at 5/32" holes. Across riser over pump tank. Check valve at pump tank. Use PVC gate valves or ball valves to adjust to 2 feet pressure head. Install high water alarm on separate circuit -- controls outside of riser with box marked 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