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 Brent Weldy DATE 9-30-86 PERMIT NO. 413

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1300 to end on left

SUBDIVISION NAME Point of View LOT NO. 12 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20000ft²

Character & Porosity of Soil Clay

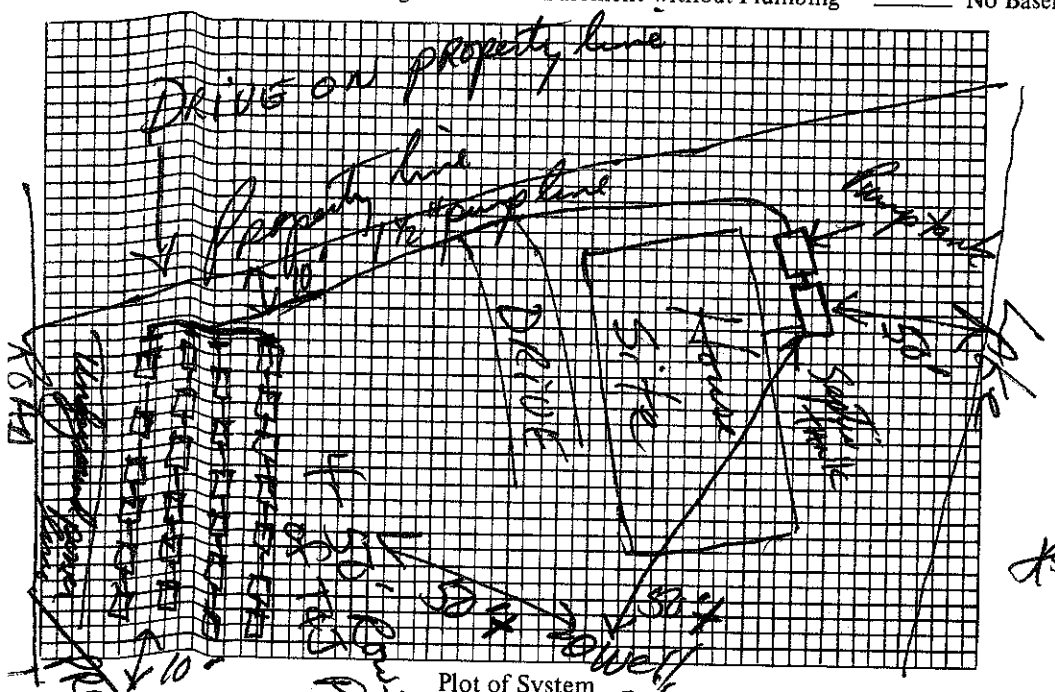
Percolation Rate 4

Topography 10-15%

Depth to Water Table 41+

Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



1000 gal pump tank w/ ont baffle

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft 200 ea

Depth of Stone in Lines 24 Inches

Water Supply: Individual ( )

Public ( )

Installed by _____

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

Signed: Brent Weldy

IMPROVEMENTS PERMIT BY Harold R. Hinson

COMMENTS: Dose panels by using ball valves and 2" manifold. Call Health Dept. if any questions.

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