IV

IREDELL COUNTY HEALTH DEPARTMENT

10222

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Marcus Snoddy DATE July 12, '90 PERMIT NO. 26-2-A-26

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree Rd.) TR Schooner Lane
on left at end-of-St.

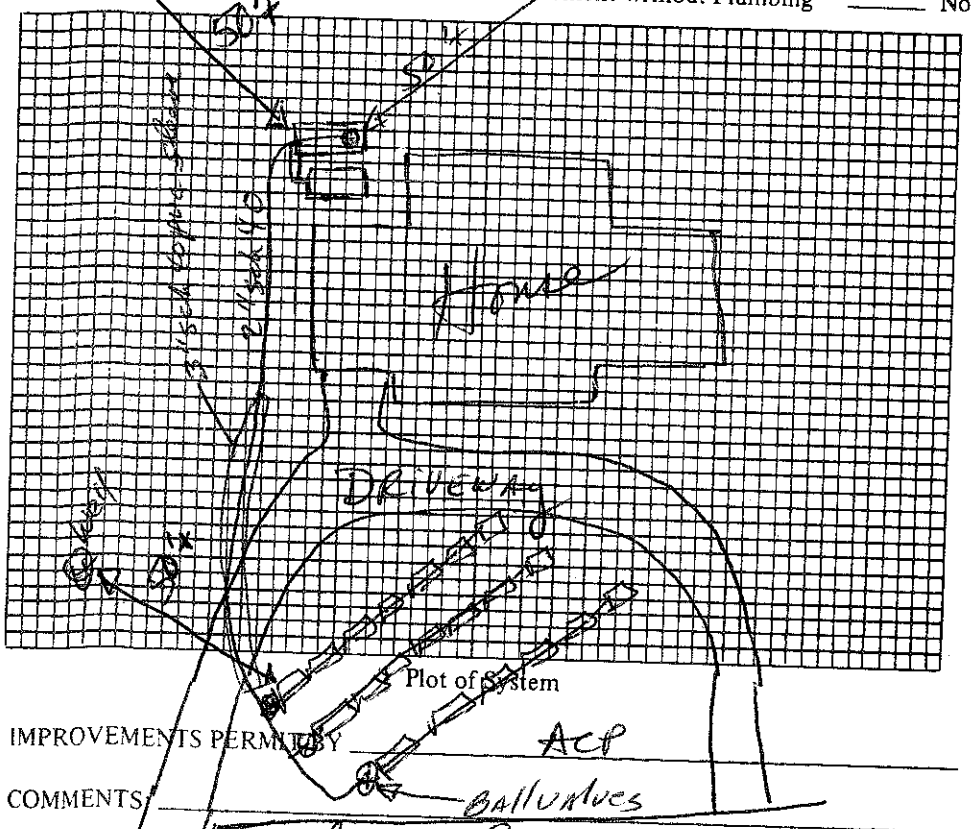
SUBDIVISION NAME Sailors Lair LOT NO. 26 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 5½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	0.35
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	44
Lot Area 20000ft² +			Rock or other impervious formations	none obs

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



1250 g.T.
Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 180 ~~48~~
Depth of Stone in Lines 16 ~~12~~

Water Supply: Individual (✓) ponds
Public ( )

Installed by Wayne Dobson

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Ballvalves
Schooner Lane
Very Limited Repair Area

CERTIFICATE OF COMPLETION BY DR Hamon, EHS DATE 7-12-90

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

10222

22850

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 Marcus Snaddy DATE 7/19/89 ~~PERMIT NO.~~ 21C

PHONE: Business _____ Home 366-7060

LOCATION 115 TR Langtree TR Schooner On Left befo

SUBDIVISION NAME Sailor's Lair LOT NO. 26 SECTION OR BLOCK NO. _____ S. R. No. _____

2B-2-A-26 Davidson

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

No. Bedrooms 3 No. Bathrooms ~~4½~~ 5½ Change 11/26/90

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.35-.49 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

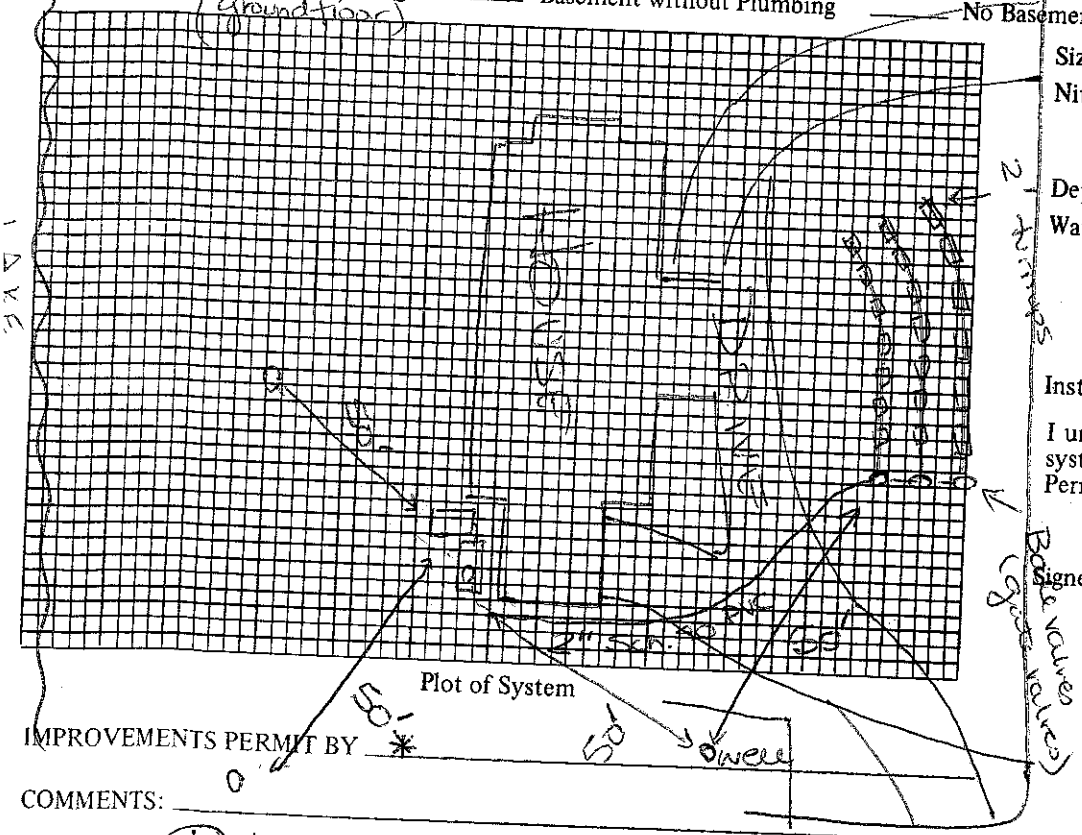
Lot Area 20000 ft²+

✓ Basement with Plumbing (Ground floor) ____ Basement without Plumbing ____ No Basement

PT: 1250 gals

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 180' of
Depth of Stone in Lines 16" T and J
Water Supply: Individual (✓) Panels
Public ( ) pressurized



Plot of System

Installed by _____

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

Signed: [signature]

IMPROVEMENTS PERMIT BY *

COMMENTS:

(*) Keep 50' from All wells. Set Pump tank/Septic Tank 5' from foundation and deeper than lower floor level. Pump through 2" Sch. 40 PVC. Reduce 1¼-1½" PVC Sch. 40 working lines w/ 5/32" hole/panel. 2' trough at the end of each ditch.

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.

~ 41 panels / Total dose = 148 gal. / 16.81 gpm / Flow rate

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

TDH = 2+13+1 = ~16