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IREDELL COUNTY HEALTH DEPARTMENT

11918 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James Hazenby DATE 6/19/91 PERMIT NO. 2B-A-5-B

PHONE: Business _____ Home _____

LOCATION Langston Rd, 115 S, TR on Langston Rd., on (R) at All Seasons Marina to end of driveway S. R. No. 1102

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

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 Yes (✓) No ( )

Character & Porosity of Soil shallow PS clay

Percolation Rate .35 - .4 at 24"

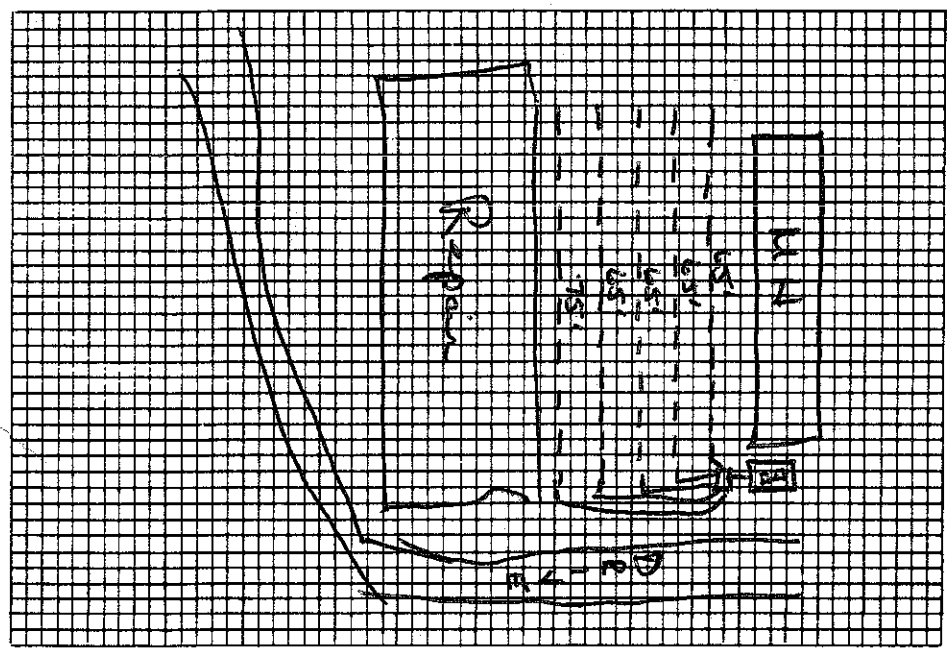
Topography 2%

Depth to Water Table 3 1/2

Rock or other impervious formations mottling at 30", relic at 36"

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1005 Linear Ft. ~335'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Kelm Contracting

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Wesley Sparks RS, DATE 6/19/21

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