IREDELL COUNTY HEALTH DEPARTMENT

13376

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

OWNER OR CONTRACTOR Robert clngraham Homes DATE Oct. 8, '91 PERMIT NO. part of 2FB-10

PHONE: Business 342-0866 Home

LOCATION 400 TL 1113 (close of Pines Rd.) TR "North Shore" on left 2nd lot from end

SUBDIVISION NAME North Shore at Pineclale LOT NO. 14 SECTION OR BLOCK NO. S. R. No.

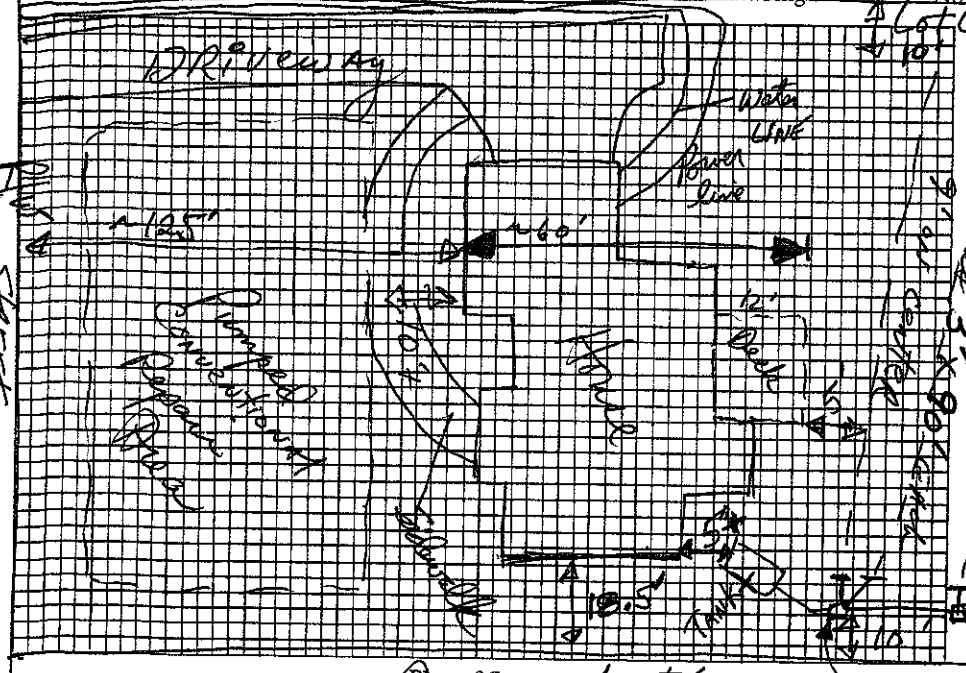
House (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )
Lot Area 30,000 ft²+

Character & Porosity of Soil PS clay
Percolation Rate 1.35 - 1.4
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines ~5
Sq. Ft. 1350 Linear Ft. 450
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓) CW

Installed by

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

Signed: ✗

Plot of System

IMPROVEMENTS PERMIT BY David R. Hinson, RS.

COMMENTS: follow bottom with drainfield. 36" maximum trench bottom depth.

D-boxes w/speed levelers

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