13410

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 M I SCHOTTENSTEN DATE 9/19/91 PERMIT NO. 2F-B-10

PHONE: Business ____ Home 542-7469

LOCATION Isle Pine Rd, (L) into M I Homes Waters Edge Drive – (L) to next to last lot on (R) S. R. No. ____

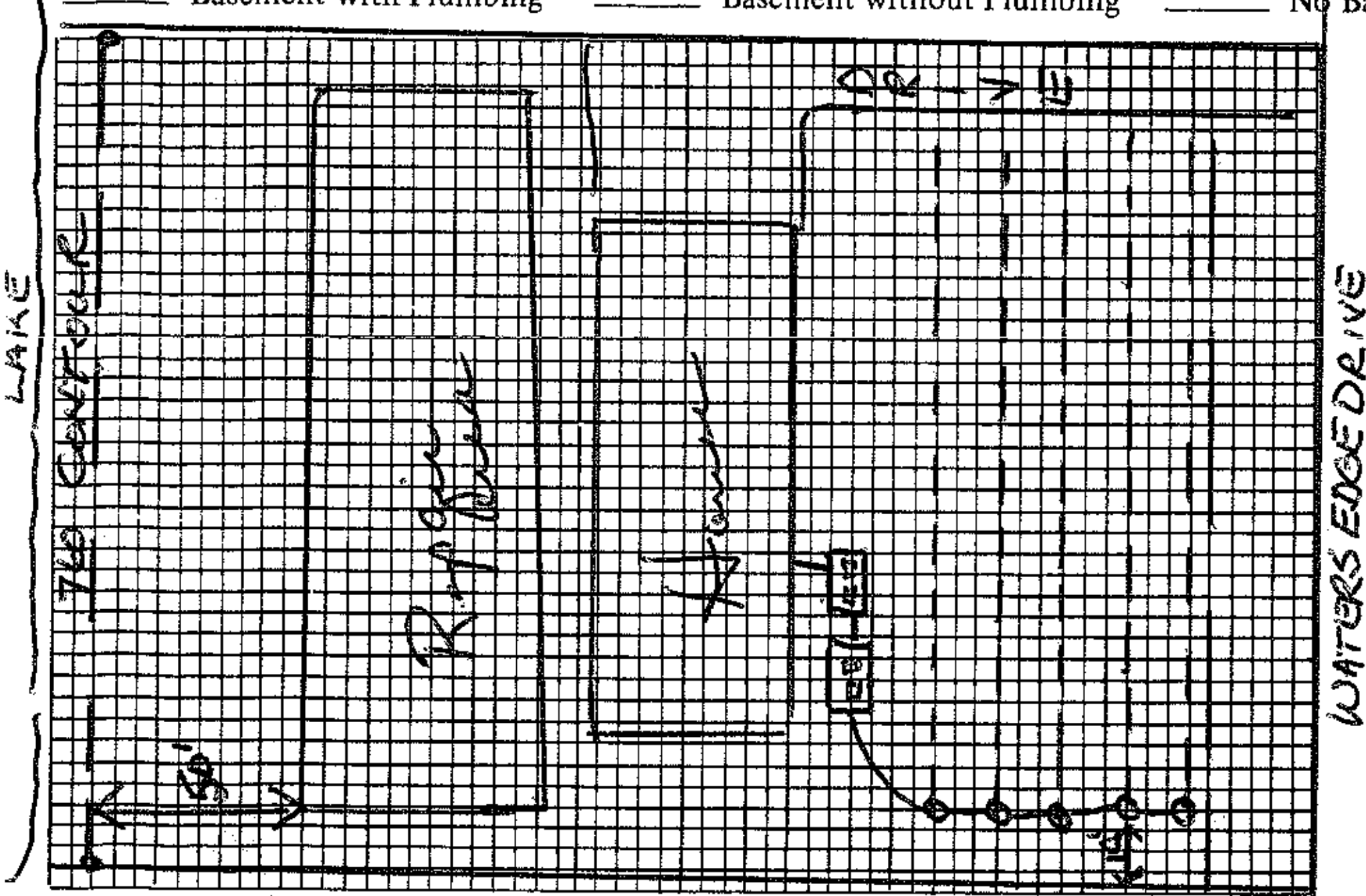
SUBDIVISION NAME Pinedale LOT NO. 30 SECTION OR BLOCK NO. 1

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

No. Bedrooms 4 No. Bathrooms 2.5
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20,000 FT²

Character & Porosity of Soil P - cl - fine structure - sf
Percolation Rate .3
Topography 2-4%
Depth to Water Table >48"
Rock or other impervious formations None Observed

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5 @ 97'x3'
Sq. Ft. 1600 Linear Ft. 530
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓) COMMUNITY SYSTEM

Installed by ____

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

Signed: D. K. Fitzpatrick

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: 1 1/2 PVC laterals – 3/16" holes spaced on 5' centers. Drain lines must stay out of driveway and be no deeper than

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