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 Richard Shaff DATE April 14, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 Tr 1113 (Isle of Pines) near end TR Sunset Lane end of Cul-de-sac on left S. R. No. _____

SUBDIVISION NAME Isle of Pines LOT NO. 10 SECTION OR BLOCK NO. _____

~~Existing~~

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Existing

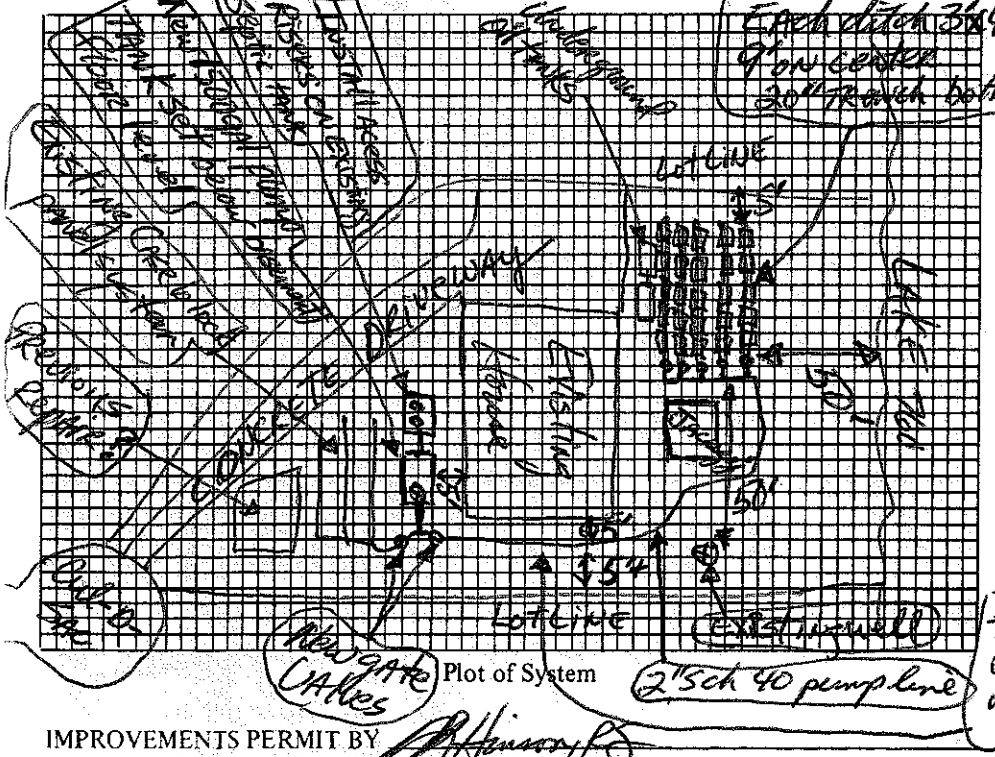
✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1500 gal. pumptank

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. ____ Linear Ft. 200' ea
Depth of Stone in Lines 8" ea

Water Supply: Individual (✓) panels pressure closed
Public ( )



Installed by _____

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

Signed: ~~Shaun~~ Shaff

IMPROVEMENTS PERMIT BY _____

Pump specs 45 gal/min at ~18' TDH
150-180 gal per dose
4 min cycle

COMMENTS: Replace existing pump chamber with 1500 gal pumptank (5' from house set below basement level) to 2 new gate Valves separating existing and new drainfield. Put Acess Riserson ex septic tank (2 if it has a baffle wall). 20" TRENCH bottom depth Maximum on new drainfield. 2 laterals per panel with one 5/32" hole each side turned up and spaced on each end.

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.

*Septic tank contractor to verify installation procedure before installing system. Shaff

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

*Irrigation system should be Eliminated.