Type 4 System

14913

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Paul Taylor DATE July 20, '92 PERMIT NO. 2G-6-A-97

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 TL 2nd 1212 TR Surfside Dr. ~1/10 mile on right

SUBDIVISION NAME Commodore Peninsula LOT NO. 97 SECTION OR BLOCK NO. _____ S.R. 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 ☐

Lot Area ~15,000 ft² (existing 1962)

Soil Characteristics shallow ps clay / micaceous

Application Rate .3 gal/ft²/day

Topography 2-4%

Depth to Water Table > 4'

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space

Size of Tank ST 1000 / PT 1000 Gals.

Nitrification Field:

No. of Lines 6-7

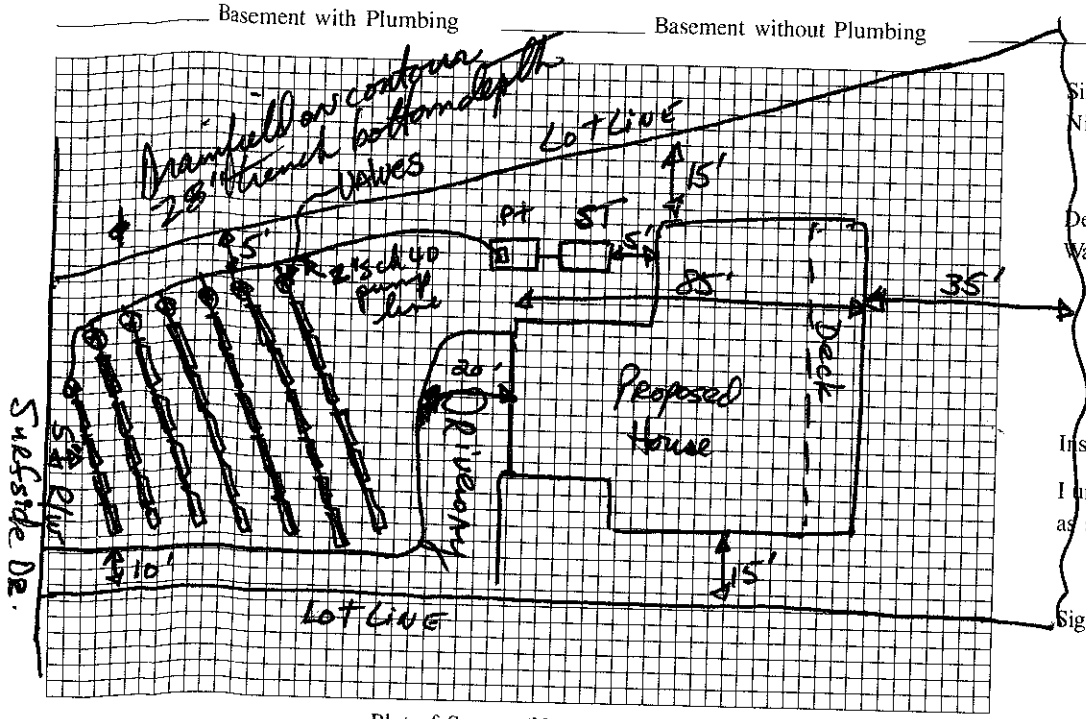
Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines 2' PPBS

Water Supply: Individual ☐

Public ☑ CW

LAKE NORMAN



Plot of System (Not to Scale)

Installed by _____

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

Signed: Paul Taylor

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DR Jones, RS.

COMMENTS Recommend alternate house plan be considered that leaves space for future repair of septic system. *Contract with certified septic system operator required prior to issuance of operations permit. System specs: 46 panels total, ONE 3/16" hole per panel located midways of lateral up, 1¼" sch 40 laterals, Pump specs: 28 gal/min at approx. 18' head

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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