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 Don Messer DATE Feb 9, 1990 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION 1102 TR Lakeshore TL Aqua Dr. 2nd House on right S. R. No. _____

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

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

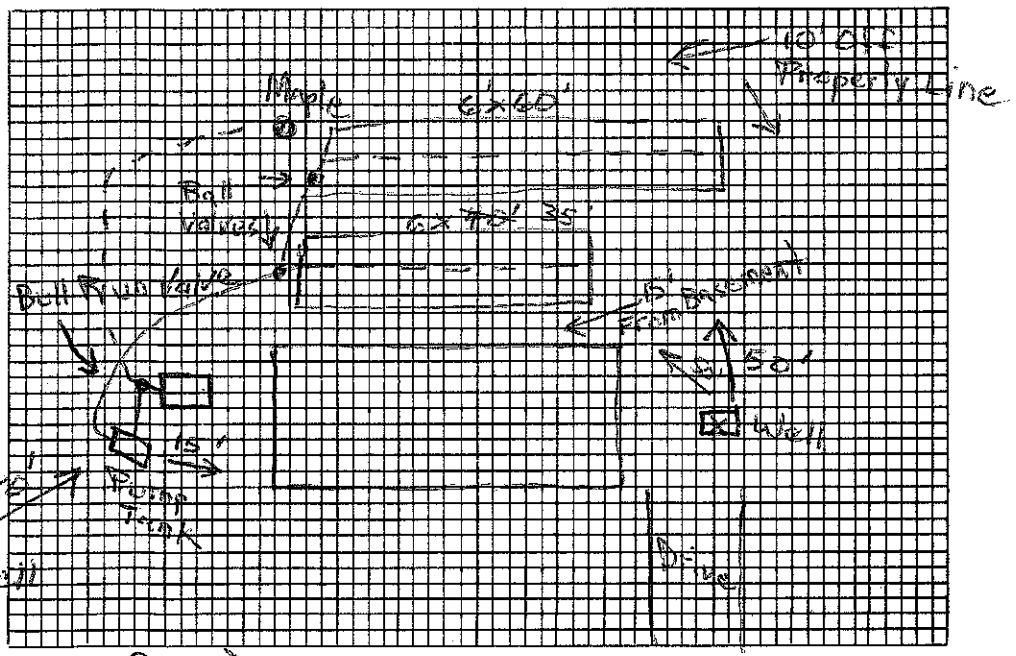
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	—
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	—
Auto. Wash. Machine	Yes ( )	No ( )	Topography	1-3%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	—
			Rock or other impervious formations	

Lot Area _____

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

Install 1000 gal Pump Tank



Aqua Dr. Plot of System

Size of Tank Existing Gals.
Nitrification Field: 6x60' Bed
No. of Lines 2 6x40' Bed
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed Billy O Segmer

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: Lateral 1¼ Schedule 40 Supply Line 2"
Lateral Holes 3/32" every 5'
Pump → 15 gpm 16' Tot. 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 false information is supplied in making Improvements Permit.

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