08159

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 Alice Tobin DATE June 14, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) TR Lakeshore Drive ~ 1 mile on Rt. _____ S. R. No. _____

SUBDIVISION NAME Lakeview Shores LOT NO. 17 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 1.8 Ac

Character & Porosity of Soil area of drainfield clay

Percolation Rate ~ 2

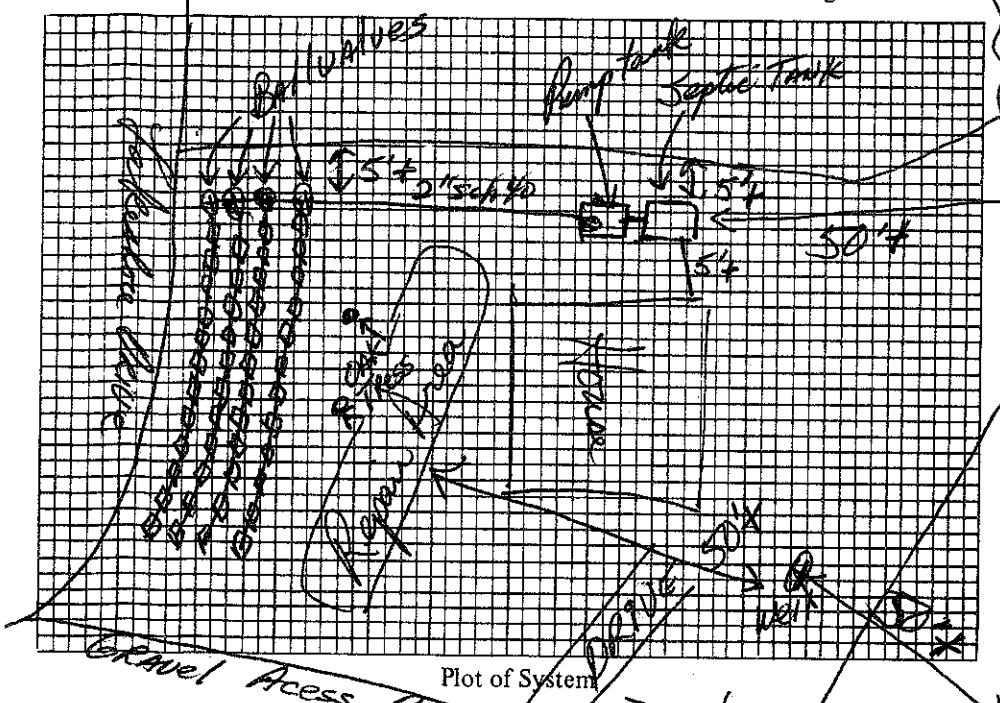
Topography 4-6%

Depth to Water Table 44

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1250 gal pump tank



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3-4

Sq. Ft. _____ Linear Ft. 300'± 760'±

Depth of Stone in Lines 16" ± panels

Water Supply: Individual (✓) pressure dosed

Public ( )

Installed by _____

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

Signed: ✗ _____

IMPROVEMENTS PERMIT BY J. R. Hinson, R.S.

COMMENTS: 2' pressure head perdited.

Panel drainfield ditch to be installed on contour and at a depth of 30" to bottom of ditch. Use 1¼" sch 40 pvc through panels with two ⅛" holes drilled per panel. Need a pump capable of delivering 35 gal/min. at approx 16' total 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