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 May Spear DATE 12-30-86 PERMIT NO. 487

PHONE: Business ______ Home ______

LOCATION 1100 TR 1179 (Canvasback) TR Pintail at end on left

______ S. R. No. ______

SUBDIVISION NAME Neel Acres LOT NO. 10 SECTION OR BLOCK NO. ______

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20000 ft²

Character & Porosity of Soil clay

Percolation Rate .35

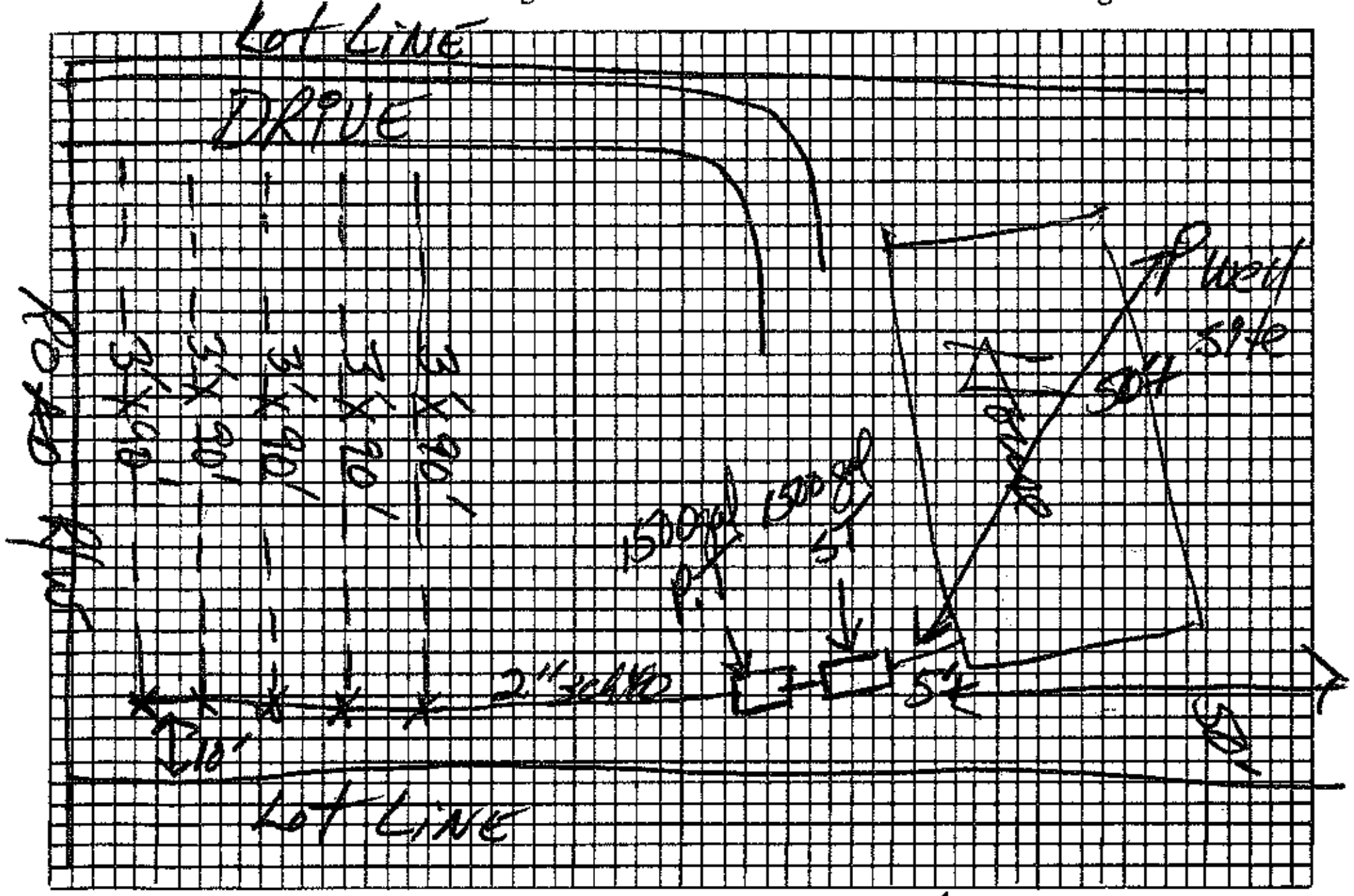
Topography 6-8%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement

1500 gal pump tank w/out Baffle



Plot of System

Size of Tank 1500 Gals.

Nitrification Field: 5

No. of Lines 5

Sq. Ft. 1380 Linear Ft. 460

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: M Spear

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

COMMENTS: Dose drainfield by using 2" pump line and "T" off to a ball valve at head of each ditch w/ 1½" sch 40 down center of each ditch w/ 2 - 5/32" holes drilled every 5' at 4 & 8 o'clock (2' head on each ditch)

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