Type 4 Review 2-5-2002

IREDELL COUNTY HEALTH DEPARTMENT

4636-74-7341

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Louis Gass Ron Schulze DATE 10/23/87 PERMIT NO. _____

PHONE: Business _____ Home 1483-3774 799-3186

LOCATION 1100 TL 1179 (Canvasback) TR Spring Run Drive ~ 1/4 mile on left S. R. No. _____

SUBDIVISION NAME Spring Run LOT NO. 16 SECTION OR BLOCK NO. _____

202 Spring Run

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 1/2 ACRE +

Character & Porosity of Soil Clay (shallow)

Percolation Rate ~.35 gpd/ft²

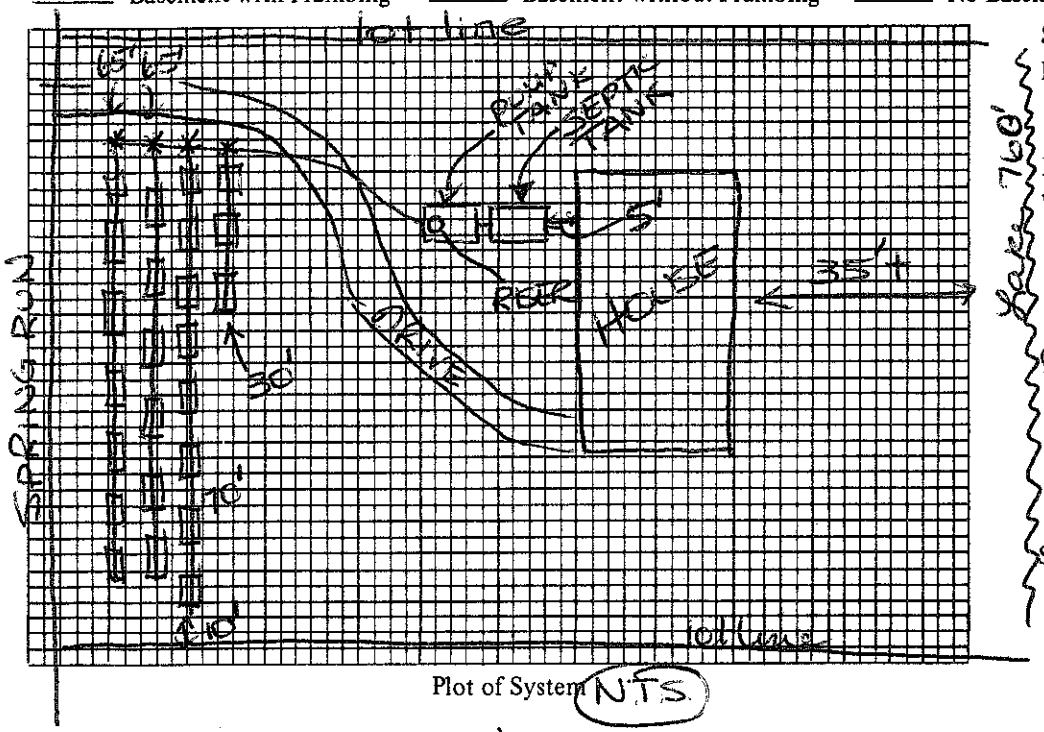
Topography 2-4% gullied

Depth to Water Table 4'+

Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1500 gal pumptank



Plot of System N.T.S.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 230' of

Depth of Stone in Lines 16" T&J panels

Water Supply: Individual ( )

Public (✓) Community Water Harvey

Installed by H. Batterman

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

Signed: _____

IMPROVEMENTS PERMIT BY D.R.H., R.S.

COMMENTS: Checked pump/dosed lines/ cked length / checked tanks. cked grade // — 10/23/87 ACP

cked high water alarms — 12/11/87 ACP

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 12/11/87

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