2:00

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 Louis Cais DATE 4-15-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TC 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. _____

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 AC +

Character & Porosity of Soil clay (shallow)

Percolation Rate 2.35

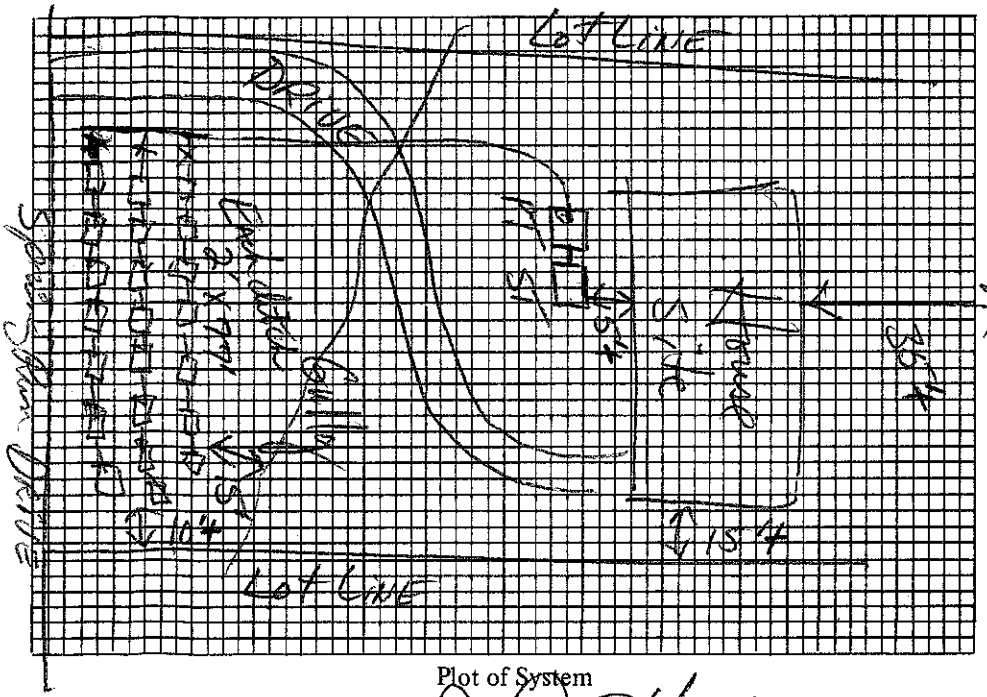
Topography 2-4% & 4+ gullied

Depth to Water Table _____

Rock or other impervious formations none obs.

1500 gal pump tank

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 230'

Depth of Stone in Lines 16" Total

Water Supply: Individual ( ) Public (✓)

Pressure dose panels

Installed by _____

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

Signed Louis Cais

IMPROVEMENTS PERMIT BY Daniel R. Hunsucker RS.

COMMENTS: Pressure dose panels. Call Health Dept. for specifications before installation.

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