4636 74 8030

11150

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 Mady Const. DATE 8/17/90 PERMIT NO. 2K-8-A-B

PHONE: Business _____ Home 892-5106

LOCATION Canvas Back TR Springrun ~½ mi on left

S. R. No. _____

SUBDIVISION NAME Springrun LOT NO. 13 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ Yes (✓) No ( )

Lot Area _____

Character & Porosity of Soil clayey

Percolation Rate ~.3-.4

Topography 1-5%

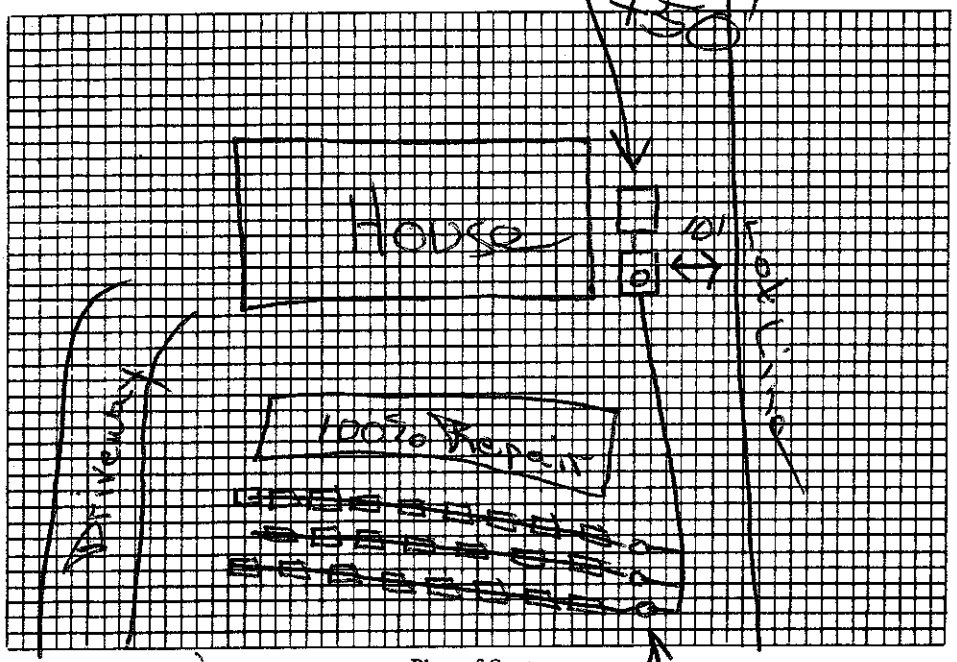
Depth to Water Table +3'

Rock or other impervious formations none obs.

LAKE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 PT



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines T+M

Water Supply: Individual ( )

Public (✓) 16" Panel

C.W.

Installed by Bob MacLeod

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

Ball Valves

COMMENTS: Lines checked, 6/26/90

Pressure checked SEI

Operation Permit

~~CERTIFICATE OF COMPLETION~~ BY Sam Ingram DATE 8/17/90

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

4:00

11150

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 Mady Const. DATE Mar 9, 1990 PERMIT NO. 2K-8-A-13

PHONE: Business _____ Home 892-5106

LOCATION Canvasback TR Springrun ½ mi on left

S. R. No. _____

SUBDIVISION NAME Springrun LOT NO. 13 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil clayey

Percolation Rate ~.3-.4 gpd/sq

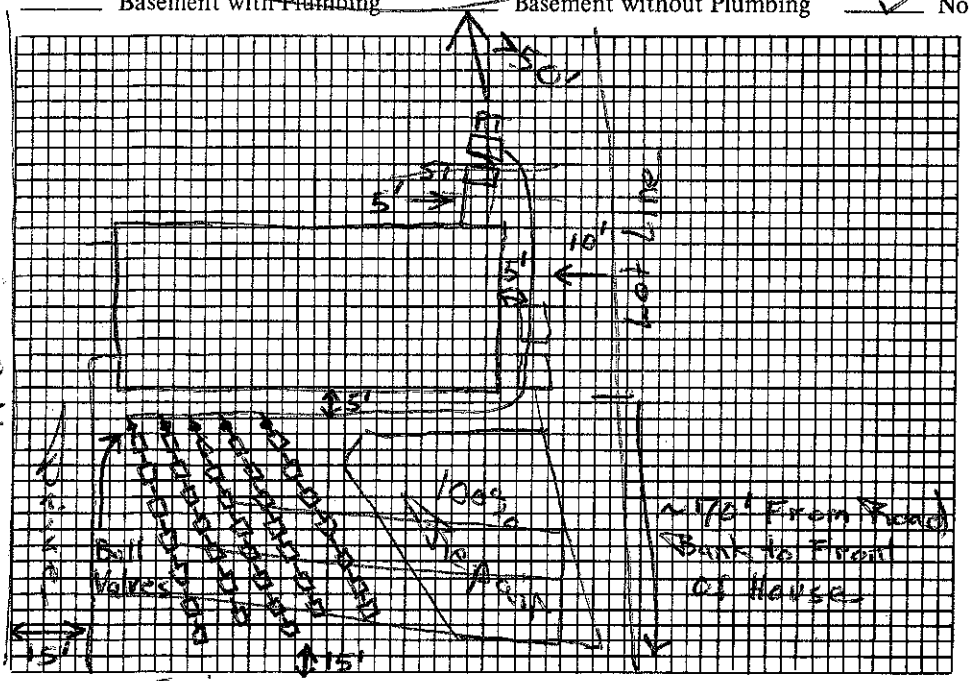
Topography 1-5%

Depth to Water Table +3'

Rock or other impervious formations none obs

Lot Area Lake

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



1000 Pump Tank
Size of Tank 1000 Septic Tank Gals.

Nitrification Field:
No. of Lines 5@40'
Sq. Ft. — Linear Ft. 200'
Depth of Stone in Lines 16" T+J

Water Supply: Individual ( ) Panel System
Public (✓)
C.W. 46 Panels

Installed by _____

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

Signed [signature]

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: 19 gpm 23' TDH Pump, 150' 2" Schedule 40 Pipe Supply Line

Lines checked pressure checked 6/26/90 SCI

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