09161

# 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 John Woods DATE Oct 21, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TC 1179 TR Spring Run Drive ~1/2 mile on left

SUBDIVISION NAME Mallard Head LOT NO. 23 SECTION OR BLOCK NO. _____ S. R. 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~~ Easement Yes (✓) No ( )

Lot Area 125'x50' PS

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

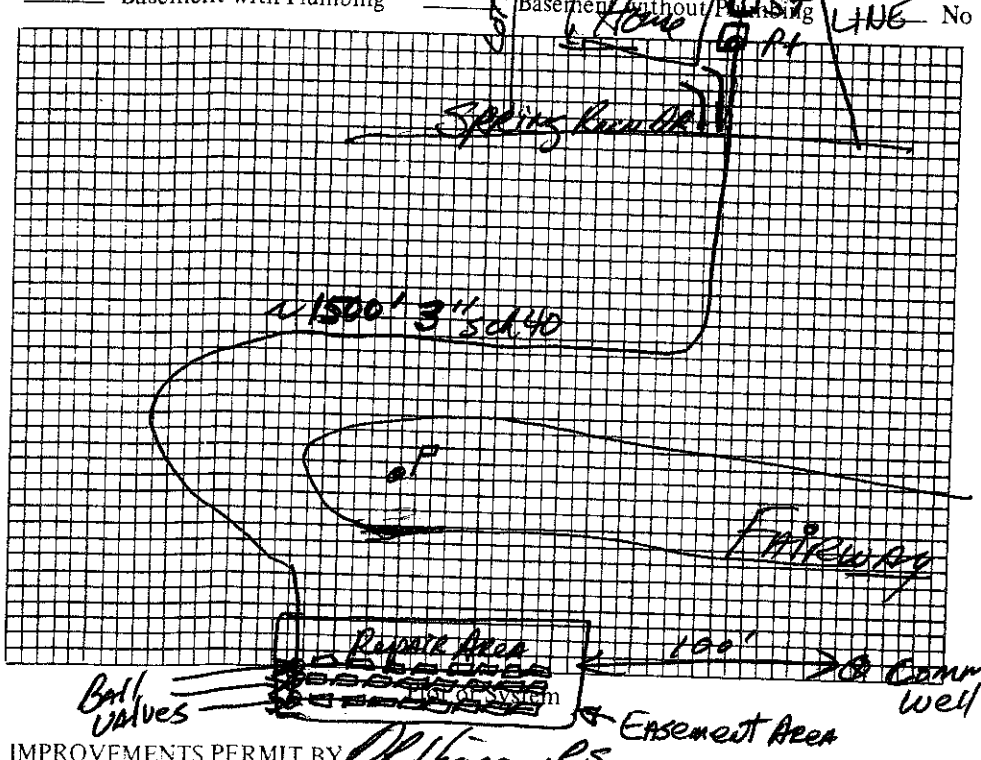
Character & Porosity of Soil Easement Area (behind lot 95) LAA

Percolation Rate clay ~3

Topography ~4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.




Size of Tank 1500 Gals. 1500 gal

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 270 lf

Depth of Stone in Lines 16"+12" panels

Water Supply: Individual ( ) CW Public (✓)

Installed by _____

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

Signed: Lynne Kanon

Pump specs: 26 gal/min @ ~50' TDH.

IMPROVEMENTS PERMIT BY RL Hefner, RS.

COMMENTS: Pumpline to follow route specified on recorded easement. Use 3" sch 40 pumpline to easement area. Panel drainfield consists of 3 - 90' laterals; 63 panels total; one 5/32" hole per panel; 2' pressure head per ditch; 30" to trench bottom.

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