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 Harvey M. Rasar, Sr DATE 3/31/89 ~~PERMIT NO.~~ 21A

PHONE: Business _____ Home 663-1720

LOCATION 1100 TL Canvasback (117) On L @ Highland. S. R. No. _____

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

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

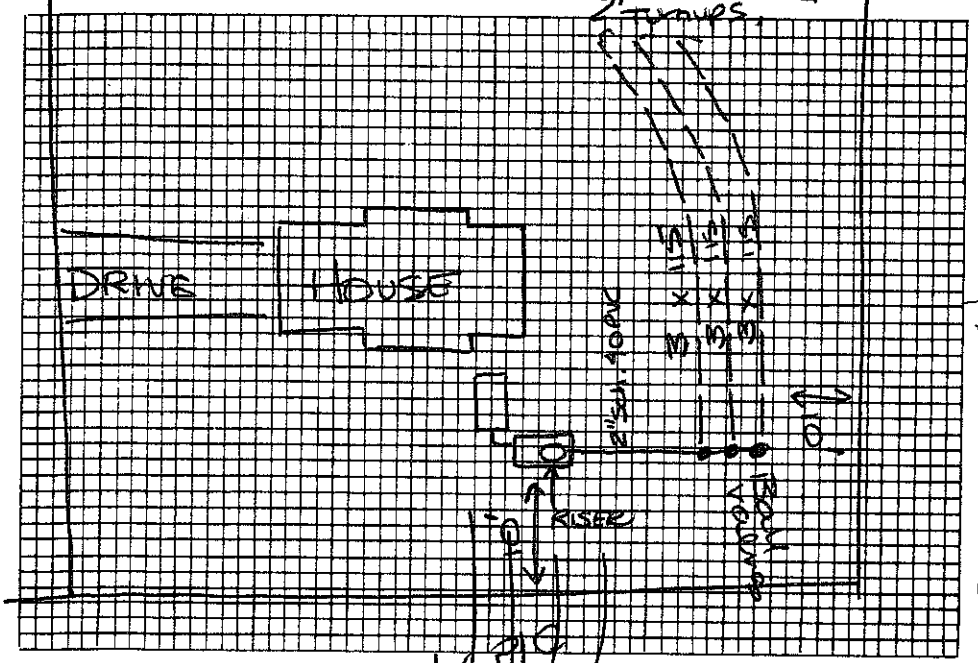
No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate 35
Topography 6%
Depth to Water Table 4'+
~~Rock or other impervious formations~~ none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ ✓ No Basement



Plot of System

P.T.: 1500 gals.

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (X)
Community well

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Set a pumptank / Disconnect old lines. Pump through 2" Sch. 40 PVC and reduce to 1 1/4" PVC for working ditches. Place a 5/32" hole every 5' for a total of 70 holes. Flow rate = 28.7 gpm TDH = ~16'. Pump must acheive 2' pressure head in ea. ditch. High water alarm must be mounted and functional.

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