PD 07434

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 Kenneth M. Robertson DATE 9/29/87 PERMIT NO. _____

PHONE: Business _____ Home 873-4764

LOCATION 150 W TL McCrary TR Hidden Harbor at end on Right S. R. No. _____

SUBDIVISION NAME Hidden Harbor LOT NO. 3 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 ~20000ft²

Character & Porosity of Soil Clayey

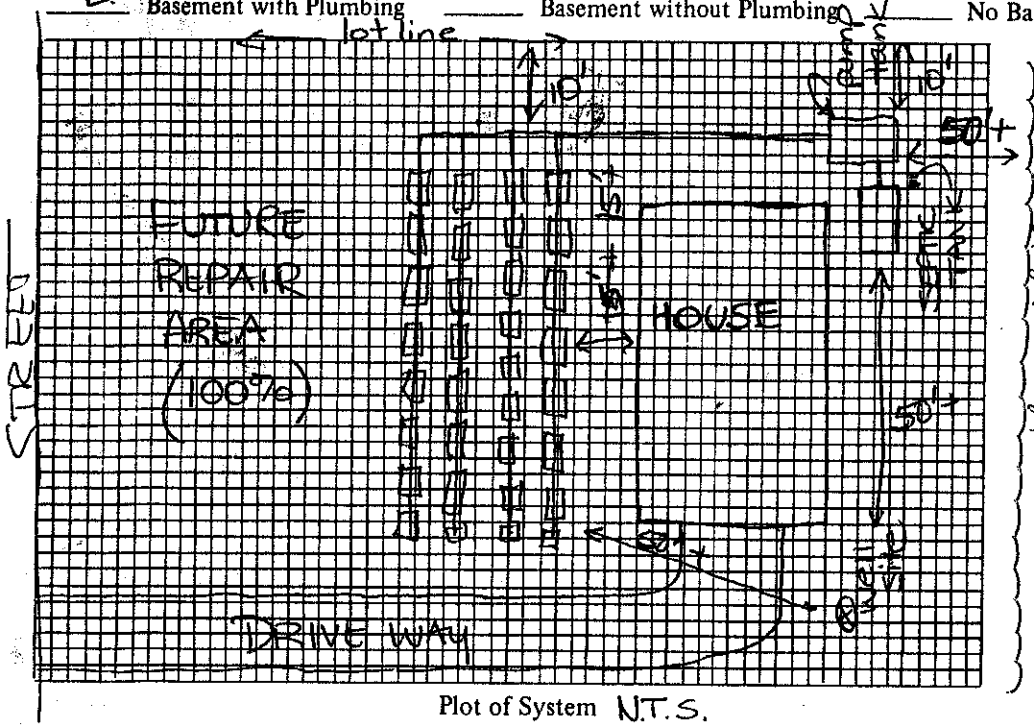
Percolation Rate ~.4gpd/ft²

Topography B-15%

Depth to Water Table 4'+

Rock or other impervious formations none observed

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System N.T.S.

pump tank = 1000g

Size of Tank (septic) 1000 Gals.

Nitrification Field:

No. of Lines (3-4)

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" T&J

Water Supply: Individual (✓) Public ( )

panel system (PRESSURE DOSED)

Installed by _____

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

Signed: Kenneth M Robertson

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: PRESSURE DOSED PANEL SYSTEM — normal specs. Stay ON contour and SHALLOW. Call Health Dept. if you have questions

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