Zoeller N-163-E ½HP 115V-1ph IV 3/25/94 ACP

16123

IREDELL COUNTY HEALTH DEPARTMENT

ST 12-9-93 STB358
PT 2-3-94 PT163

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4637-43-6427

OWNER OR CONTRACTOR George C. McKee Jr. DATE April 13, '93 PERMIT NO 2K-15-A-2

PHONE: Business _____ Home _____

LOCATION 1100 TR 1250 (Oak Tree Rd.) Bear left at lake
¼ mile on right S.R. No. _____

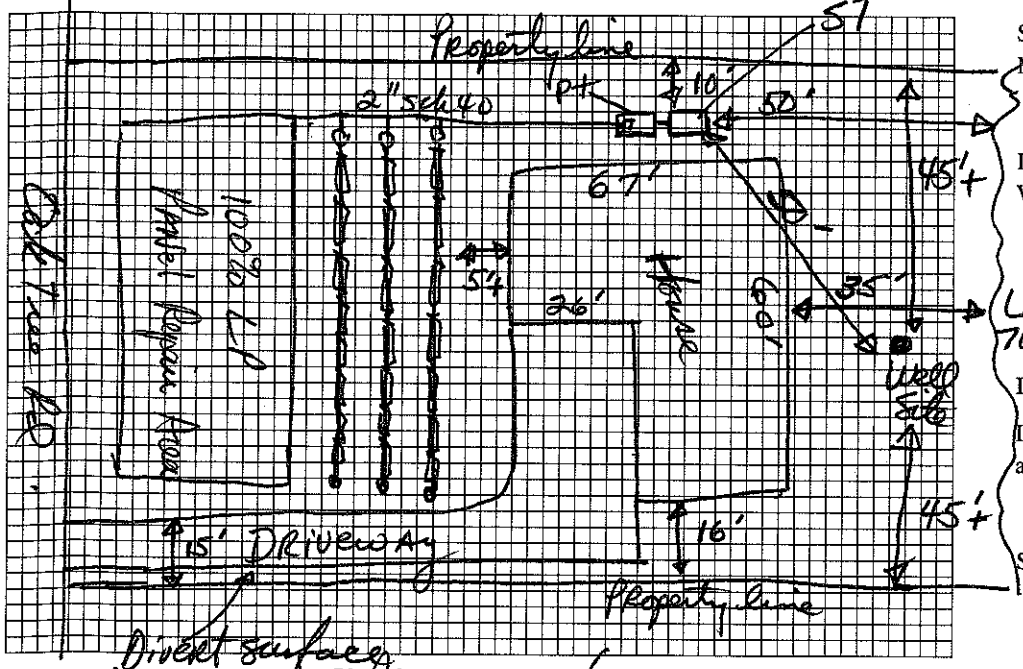
SUBDIVISION NAME Timber Cove Shores LOT NO. 2 SECTION OR BLOCK NO. _____

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 ☐
Lot Area ~100' X 230'

Soil Characteristics clay
Application Rate .3
Topography 6-10% SL-to mod. complex
Depth to Water Table 74'
Rock or other impervious formations None 86's.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank ST 1000 / PT 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft 200' of
Depth of Stone in Lines 16" PPBIS
Water Supply: Individual ☑
Public ☐

Installed by Delbert Boyter 4-4-94

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

Signed: Gayle C. McKee

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

Divert surface drainage here

Pump Specs: 28 gal/min at approx. 30' head

IMPROVEMENT PERMIT BY Neva K. Amos

COMMENTS House must be located as shown. Any tank deeper than 3' to top of tank must be specially engineered. 46 panels total + 1 1¼" sch 40 through panels w/ ONE 3/16" hole per panel located midways & turned up, 2' pressure head.

CERTIFICATE OF COMPLETION BY Neva K. Amos, RS DATE 4/25/94

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit. This system requires a maintenance agreement

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

*ST contractor to recheck total head before purchasing pump -