not finaled

9858

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 Jerry Fuse DATE 4/20/89 ~~PERMIT NO.~~ 17D

Don Innes - contractor → 483-4576

PHONE: Business _____ Home _____

LOCATION 150 w. TR Perth Rd. TL Fern Hill TL 1st Broadview

S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 72 SECTION OR BLOCK NO. 15

Davidson Township 25 - 5 - A - 72

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 ( )	

Character & Porosity of Soil clay

Percolation Rate 3 gpd/ft²

Topography 10%

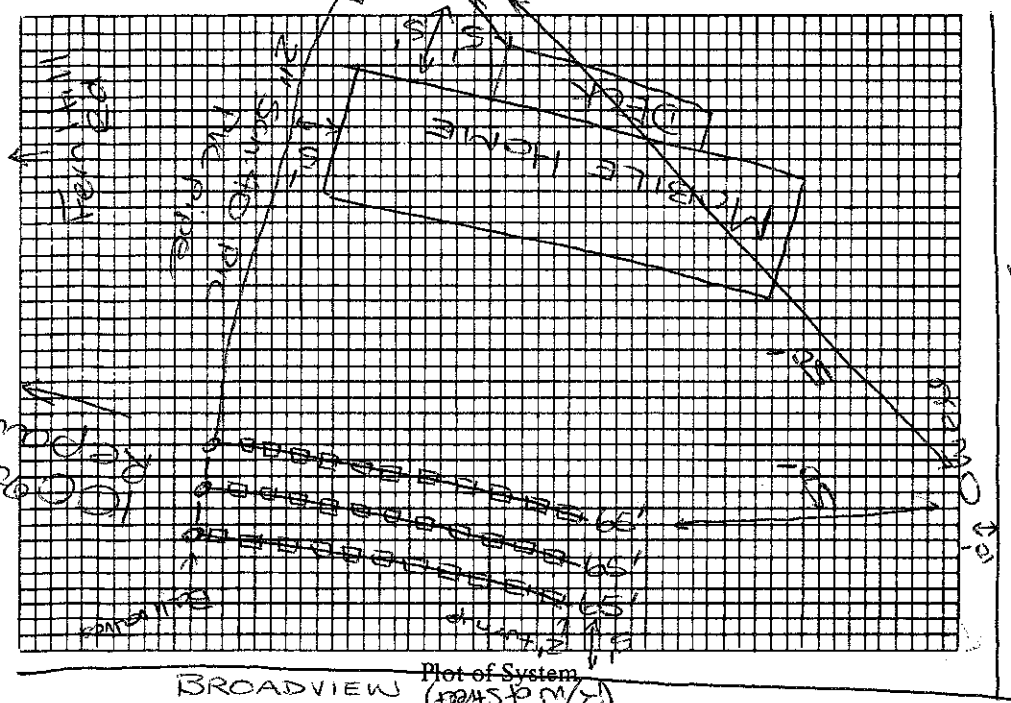
Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area 20000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Pump Tank 1000



Plot of System (not to scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 195' of 16" T and

Sq. Ft. _____ Linear Ft. 3 panels.

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: Jerry F. Fuse

IMPROVEMENTS PERMIT BY Andre C. Prevo

~ 45 panels.

8.5
6
2
2
18 TDH

COMMENTS: Install as shown. Keep drainline on contour and cover w/ 6"-8" cover. Follow manufacturers recommendations. Use 2" pumpline and reduce to 1¼" pipe through panels with 1 5/32" hole / panel. This will make the pump specs: 162 gal/dose; 19 gal/min.; 8.5 min. dosing cycle. TDH = 22' @ depends on location of tanks!! High water alarm/float must be installed and ~~activated~~ functional before completion will be issued.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making provements Permit.

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