2-2830

4658-66-9274

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 Daniel Hamelson DATE 12-30-86 PERMIT NO. 492

PHONE: Business ______ Home ______

LOCATION 1303 N X Lake TL 1452 ~ ½ mile on left

Hideaway Ln. ______ S. R. No. ______

SUBDIVISION NAME L.N. CLUT LOT NO. 1056 SECTION OR BLOCK NO. 14

Future Temporary

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 4

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area 20000 ft² Lake

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement

1000 gal pump tank w/ont BATE

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

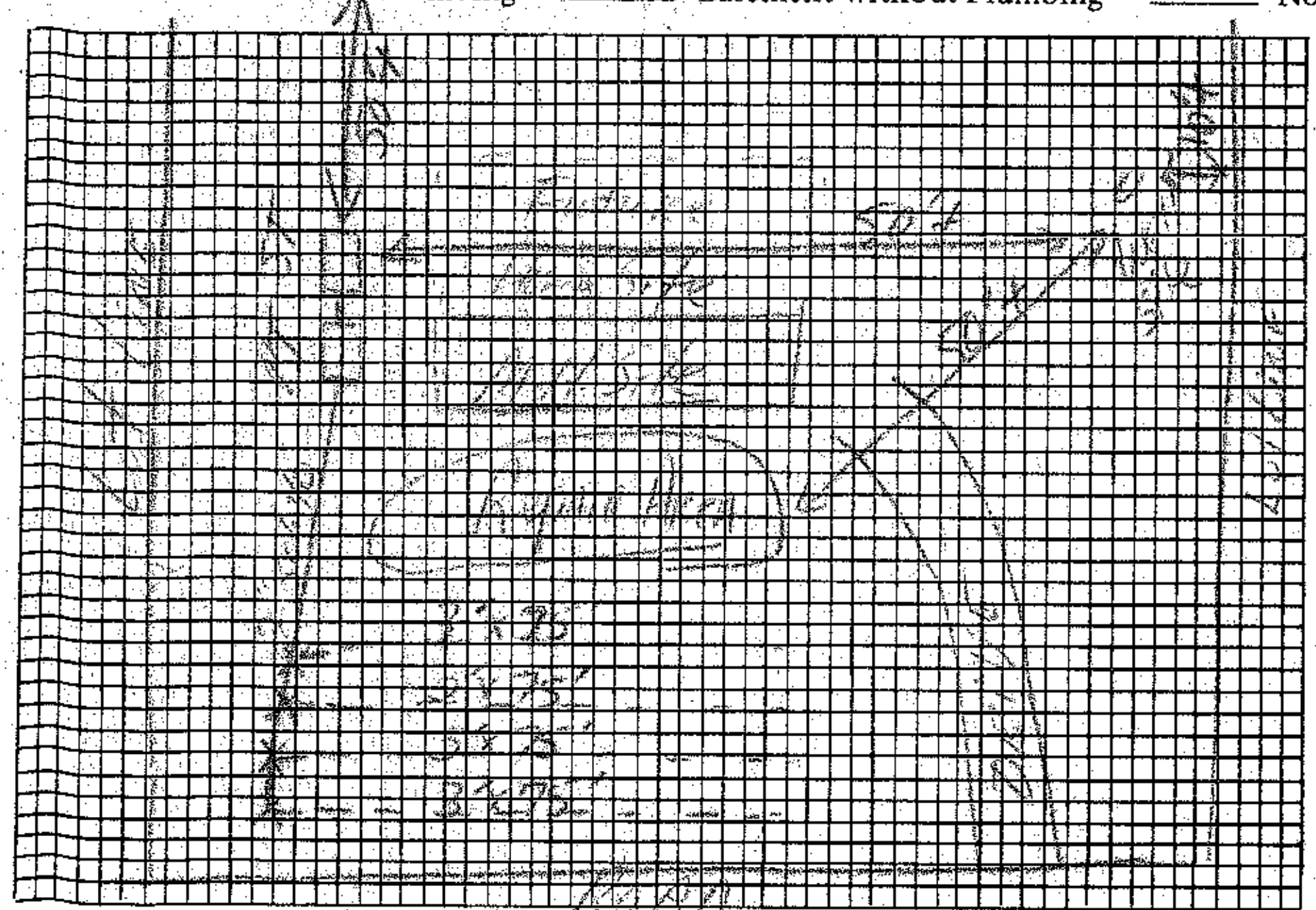
Water Supply: Individual (✓)

Public ( )

Installed by ______

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

Signed: Daniel K. Hamelson



Plot of System

IMPROVEMENTS PERMIT BY David R. Henson, R.S.

COMMENTS: Dose conventional drain field by using a ball valve at the head of each ditch and a 1½" sch 40 pipe running down the center of each ditch w/ 2 holes drilled every 5' (5/32") at 4 & 8 o'clock positions plus 2' of head per ditch. Call Health Dept. for instructions.

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