1000

07587

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 Connie James Hill DATE Feb. 3, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. TR 1303 (Peeth Rd.) X LAKE TL DeYoung Rd. n/4-1/2 mile on left S. R. No. _____

SUBDIVISION NAME CL&T Lake Norman LOT NO. 1058 SECTION OR BLOCK NO. 14

Temporary

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

No. Bedrooms 3 No. Bathrooms 2

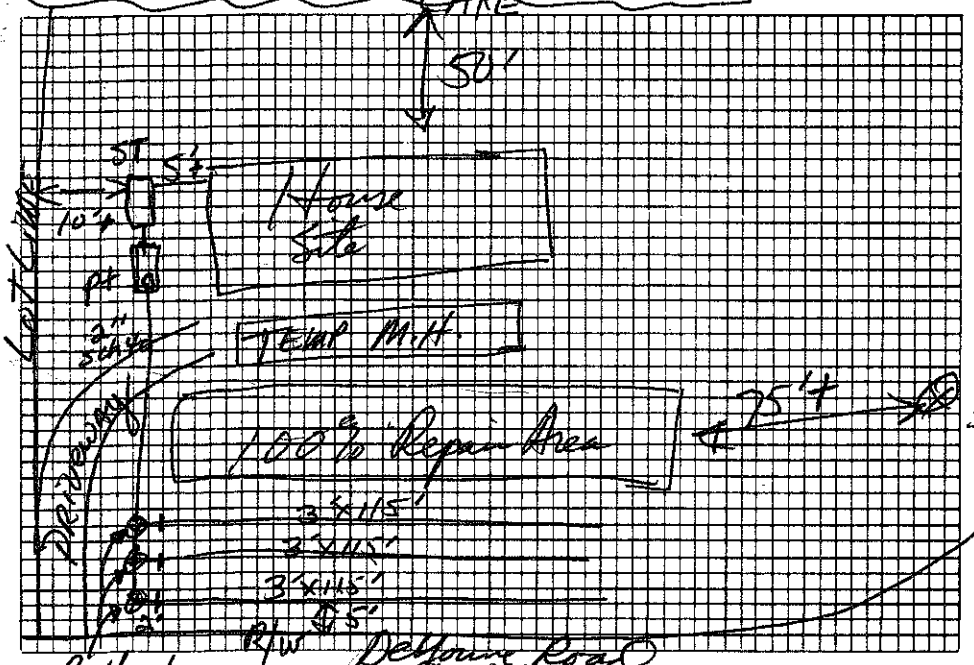
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate 2.35
Topography 6-10%
Depth to Water Table 4'+
Rock or other impervious formations some scattered rock

Lot Area n/l. 4 ac.

✓ Basement with Plumbing Basement without Plumbing ____ No Basement

1000 p.t.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
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: ~~X~~ Connie J Hill

Pump specs: 30 gal/min at approx 21' TDH

IMPROVEMENTS PERMIT BY [signature] RS

COMMENTS: Pressure dosed conventional field. Use 2" sch 40 pump line to a backflow at the head of each ditch. Use at least 2' sch 40 from valve to start of filter stone. Follow contour with drainfield (* Drainfield area to be slightly shaped). Trench bottom depth of 30". Two foot pressure head/ditch.

CERTIFICATE OF COMPLETION BY Use 1¼ or 1½" sch 40 laterals with one DATE _____

EXISTING SYSTEM CHECKED BY: 5/32" hole drilled every 5 feet. 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: G.