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 Steve Bender DATE Nov. 15, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. NC 901 (Fern Hill Rd.) TR Tennessee Circle ½ mile on Rt.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms ~3 No. Bathrooms ~2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil _____
Automatic Dishwasher	Yes ( )	No ( )	Percolation Rate _____
Automatic Wash. Machine	Yes ( )	No ( )	Topography _____
Site Suitable	Yes ( )	No ( )	Depth to Water Table _____
			Rock or other impervious formations _____

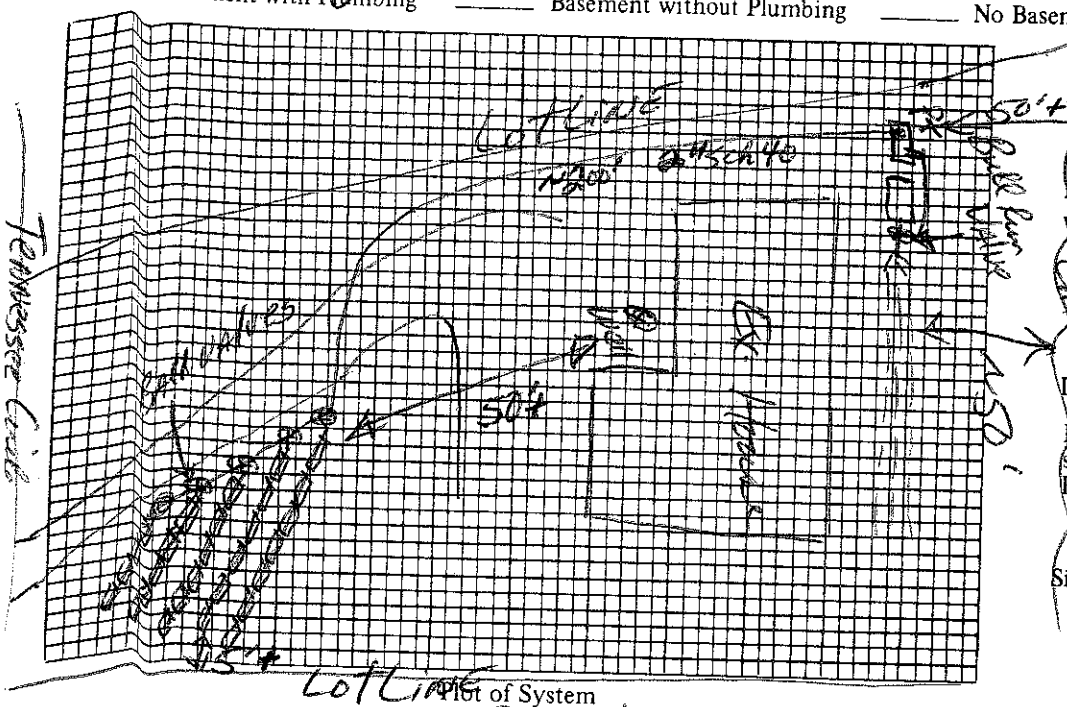
Location Existing

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 gal pump tank

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines ~4-5
Sq. Ft. _____ Linear Ft. 150'±
Depth of Stone in Lines 16" ±
Water Supply: Individual (✓) panels prepare-dared
Public ( )



Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Set Ball Valve between existing tank and drainfield and divert flow to pump tank set behind ex septic tank. Crystal panel drainfield on contour and at a depth of 30" to trench bottom. Pump specs: 25 gal/min at ~29' TDH; Use 1" or 1¼" sch 40 thru panels; two 5/32" holes per panel

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