1002

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 Terry Cline DATE 6/29/90 PERMIT NO. 25-5-A-7

PHONE: Business _____ Home _____

LOCATION 150 W TR Perth TL Fernhill ~~On left~~ TL 1st Kenway Loop .8 mi on left S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ Yes ( ) No ( )

Character & Porosity of Soil ps clay

Percolation Rate .3 gpd/sq ft

Topography 1-5%

Depth to Water Table +3'

Rock or other impervious formations none obs.

Lot Area _____

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1250 PT

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 300'

Depth of Stone in Lines 18"

Water Supply: Individual (✓) Public ( )

(X) Well

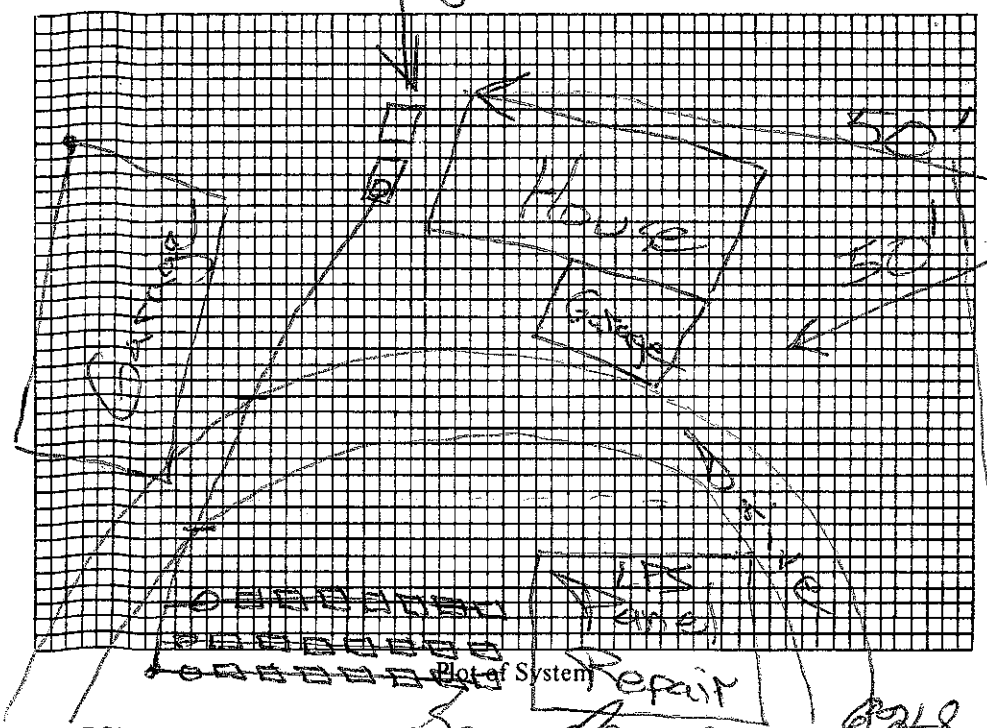
Panel 16'

Installed by _____

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

Signed: _____

1 5/32" Hole/Panel



Repair

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: 20gpm 22' TDH 115' Sch 40 2" Supply Line Existing Drive may be used instead of proposed new drive To cross drive supply line must be 30" below grade or sleeved ductile iron

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