4639590605

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 Leo Watkins DATE Nov. 16, '88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 1303 N. TL 1403 (Neill Farm Rd.) ~1 mile on Rt

______ S. R. No. ______

SUBDIVISION NAME CL&T LAKE NORMAN LOT NO. 139 SECTION OR BLOCK NO. 16

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

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 sandy clay loam

Percolation Rate .5

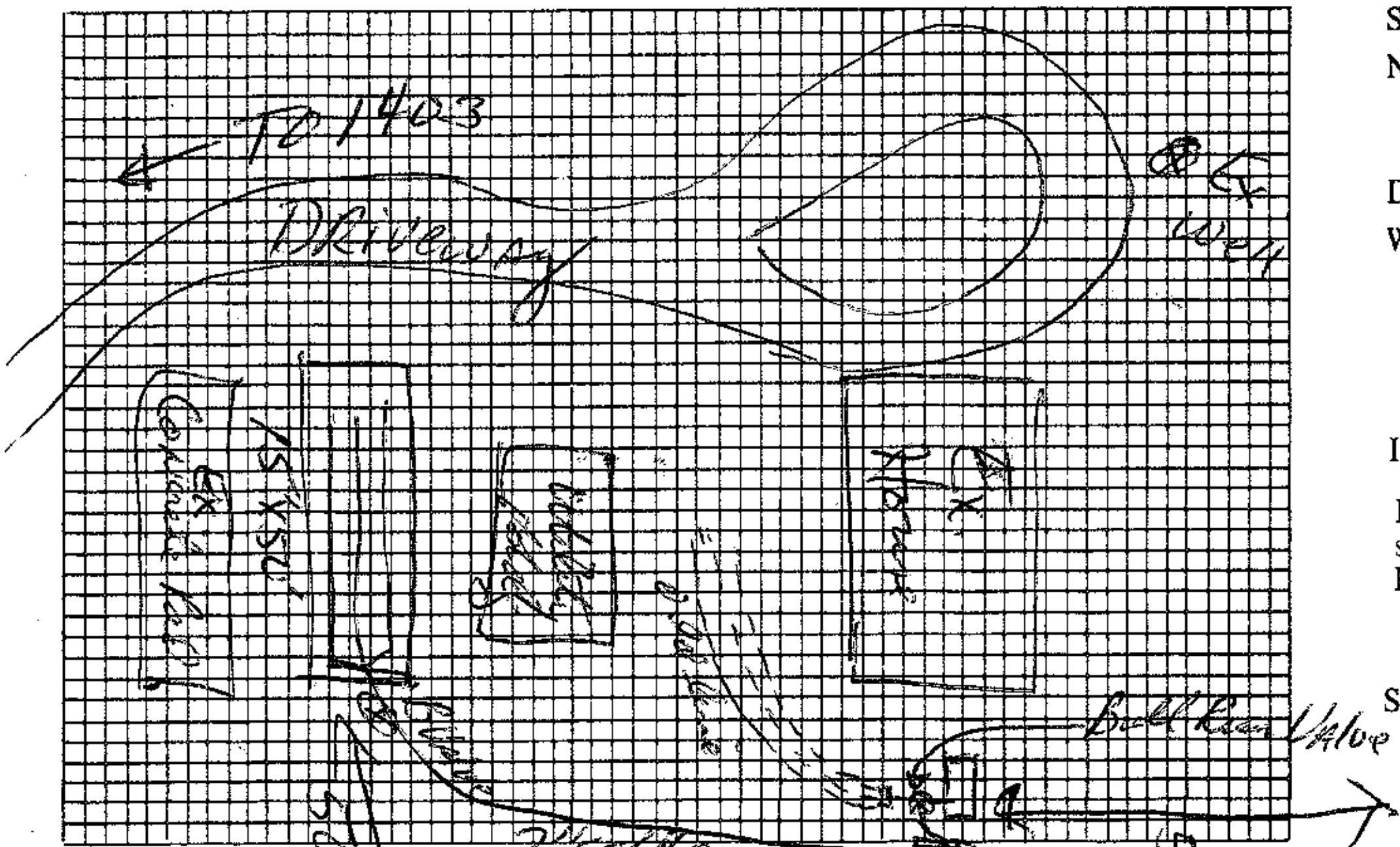
Topography 10-15%

Depth to Water Table 6'+

Rock or other impervious formations none obs.

Lot Area Existing

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

1000 gal pump tank

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 15'x50' Bed

Sq. Ft. 750 Linear Ft. 250*

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Existing

Public ( )

Installed by [illegible]

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

Signed: ______

IMPROVEMENTS PERMIT BY DCH

COMMENTS:

* Pressure dosed bed at 2' pressure head; 3 laterals from 1 valve

CERTIFICATE OF COMPLETION BY [signature], RS DATE 11-16-88

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