IREDELL COUNTY HEALTH DEPARTMENT

15801 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Linda F. Holthouser DATE Feb 16, '93 PERMIT NO. 2A7-A-7

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Fairglen) x I77 TL Meeks Lynn Rd. At end bear Right at end on Right

SUBDIVISION NAME West Paces LOT NO. 7 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2F, 2(½)

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~20,000 ft²

ST STB 794 Ballinger 1000 Aug 9 '93
PT 27 - 1000 gal. 1000 7-14-93

Soil Characteristics p-B/C team.

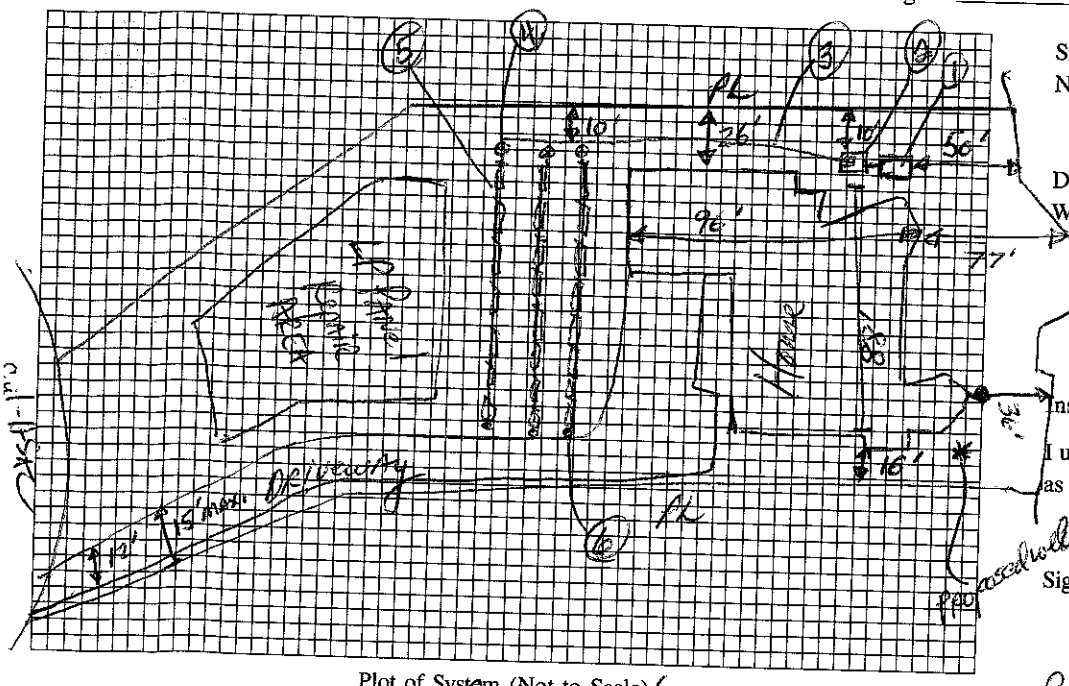
Application Rate .25 gal/ft²/day

Topography ~2%

Depth to Water Table > 4'

Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 3-4

Sq. Ft. _____ Linear Ft. 160' of

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☑ pressure-dosed

Public ☐

Installed by _____

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

Signed: Linda F. Holthouser

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

Pump specs: 22 gal/min at approx. 19' total head.

IMPROVEMENT PERMIT BY Kirk R. Hanson, RS.

COMMENTS ① Septic Tank, ② Pump Tank, ③ 2" Sch 40 pump line ④ Ball/Gate valve at each lateral ⑤ PPBPS Laterals, ⑥ Below grade stand pipe w/ adaptor. 37 panels total with one 3/16" hole per panel located midways in panel and turned up. 2' pressure head per lateral. Valve cover required at beginning and end of each lateral. Maintenance agreement required prior to issuance of operation permit.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold