11892 William C. Covington Jr.

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 Donald R. Monroe II DATE Aug. 20, '90 PERMIT NO. 26-12-A-4

PHONE: Business _____ Home _____

LOCATION 155 S. TR 1102 (Langtree) TR Yeoman Shores 2nd house on right past Bain Rd. S. R. No. _____

SUBDIVISION NAME Yeoman Shores LOT NO. 4 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition to House
System replacement required

No. Bedrooms 4 No. Bathrooms 3
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable P.S. Yes (✓) No ( )
Lot Area existing ½ Ac+

Character & Porosity of Soil psclay
Percolation Rate 2.4
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations some scattered rock near surface

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement

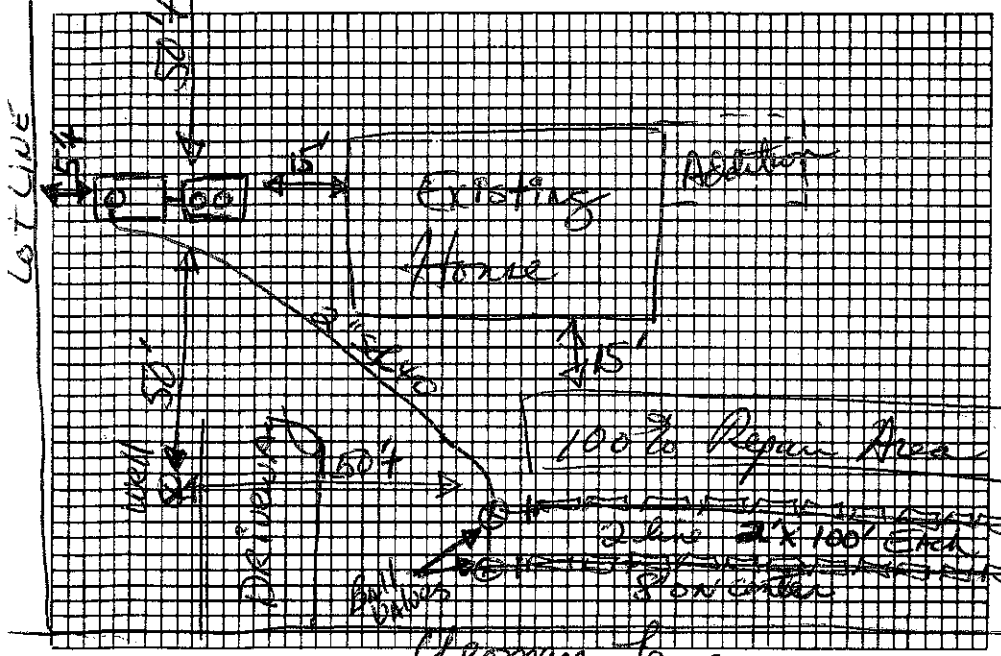
✓ (pressurized toilet to main bdrl plmb)

1500 p.T.

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200 ea
Depth of Stone in Lines 16" ea

Water Supply: Individual ( ) panels pressure-dosed
Public ( )



Plot of System

Installed by _____

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

Signed: Donald R. Monroe

IMPROVEMENTS PERMIT BY David R. Hinson, EHS

COMMENTS: Follow contour as best possible while leaving 100% panel repair area. 36" max. trench bottom depth. 46 panels total with one 5/32" hole per panel; 1¼" sch 40 laterals; 2' pressure head pump specs: 19 gal per min. at approx. 22' TDH. * Remove all parts of old sewage system within 50' well and lake. Circle drive to be eliminated!

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