9:30

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 Leward Gainey DATE 3/5/86 PERMIT NO.

PHONE: Business Home

LOCATION Immediately Past Queens Cove (and Sundial) on Lf (Through OD Gate on Cameo Real) S. R. No.

SUBDIVISION NAME The Cove LOT NO. 2 SECTION OR BLOCK NO.

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

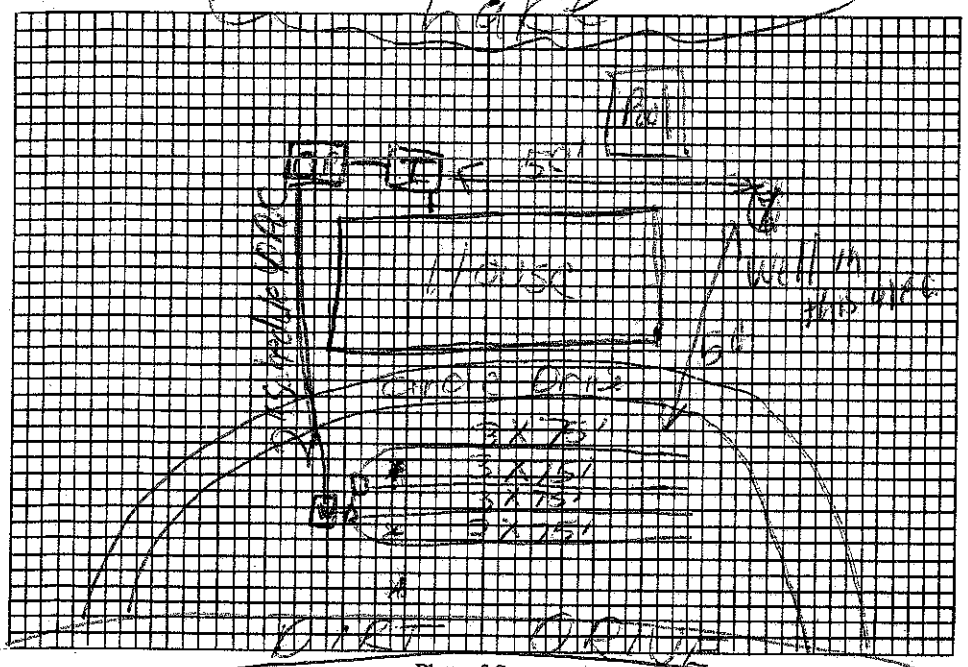
No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate 0.4 spd/ft
Topography 2 to 4% septic area
Depth to Water Table 4'+
Rock or other impervious formations None Observed

Lot Area 1.3 acres

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank 1500 + 1000 gallon pump tank Gals. +750 gal washer box
Nitrification Field: 4
No. of Lines
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual (✓) To be drilled
Public ( )

Installed by

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

Signed: Leward Gainey

IMPROVEMENTS PERMIT BY

COMMENTS: Pump through 1/2" schedule 40 PVC to 75 gallon "washer box" Lines to feed from "D" Boxes. Alarm in pump tank with pa marked in house. Alarm on separate circuit from pump. 300' total nitrif line in whatever orientation is needed. Well 50' from tank +/

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: DATE

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATI

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in makin Improvements Permit.

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