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 Jeff Wade DATE Jan 12, '87 PERMIT NO. 12

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) XI 77 TR Basford Lane
Left at forks at end on RT

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

Temporary

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

No. Bedrooms 4 No. Bathrooms 3

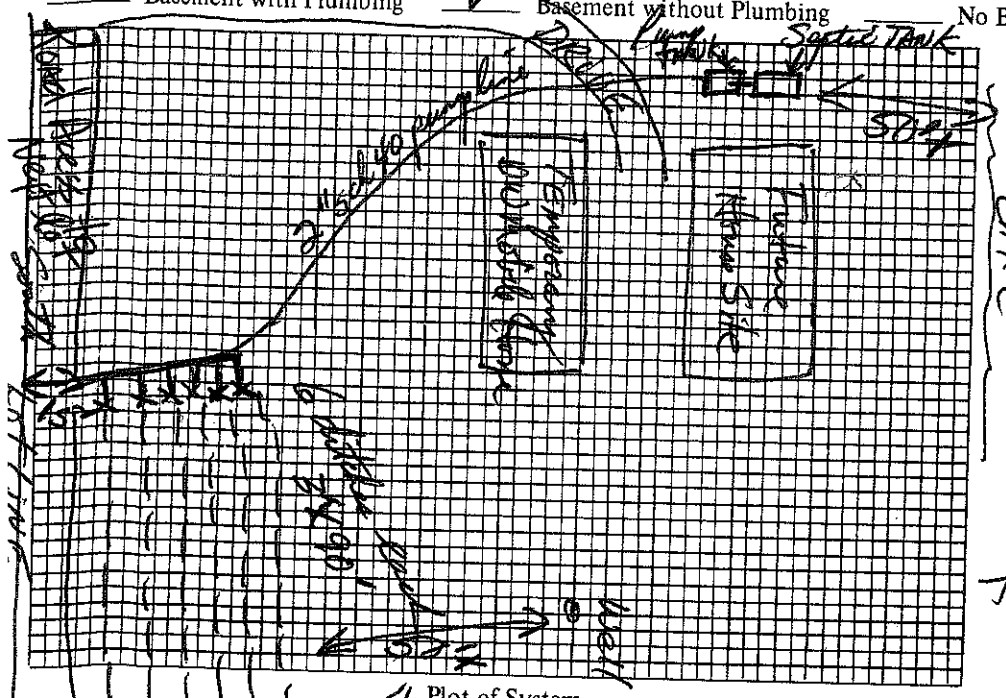
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate 2.3
Topography 2-6%
Depth to Water Table 44
Rock or other impervious formations none obs.

Lot Area 2.5 Ac

1500 gal pump tank w/out baffle

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 1620 Linear Ft. 540
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

X Signed: Jeff Wade

Call Health Dept. before installing system to verify instructions.

IMPROVEMENTS PERMIT BY R. R. Hunsucker R.S.

COMMENTS: Well put down before permit issued. Pump to and dose conventional drainfield by using a ball valve at head of each ditch and a 1½" pipe with 2 holes drilled every 5' at 4 & 8 o'clock positions (1.5/32" holes). Use 2' of head to dose each ditch.

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