IREDELL COUNTY HEALTH DEPARTMENT

1040

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mady Construction DATE Oct-5-89 PERMIT NO. 2H12-A-3

PHONE: Business _____ Home _____

LOCATION 21 S. TR 1206 (Alcove) TR Pearson Drive on left

S. R. No. _____

SUBDIVISION NAME Waters Edge LOT NO. 3 SECTION OR BLOCK NO. _____

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

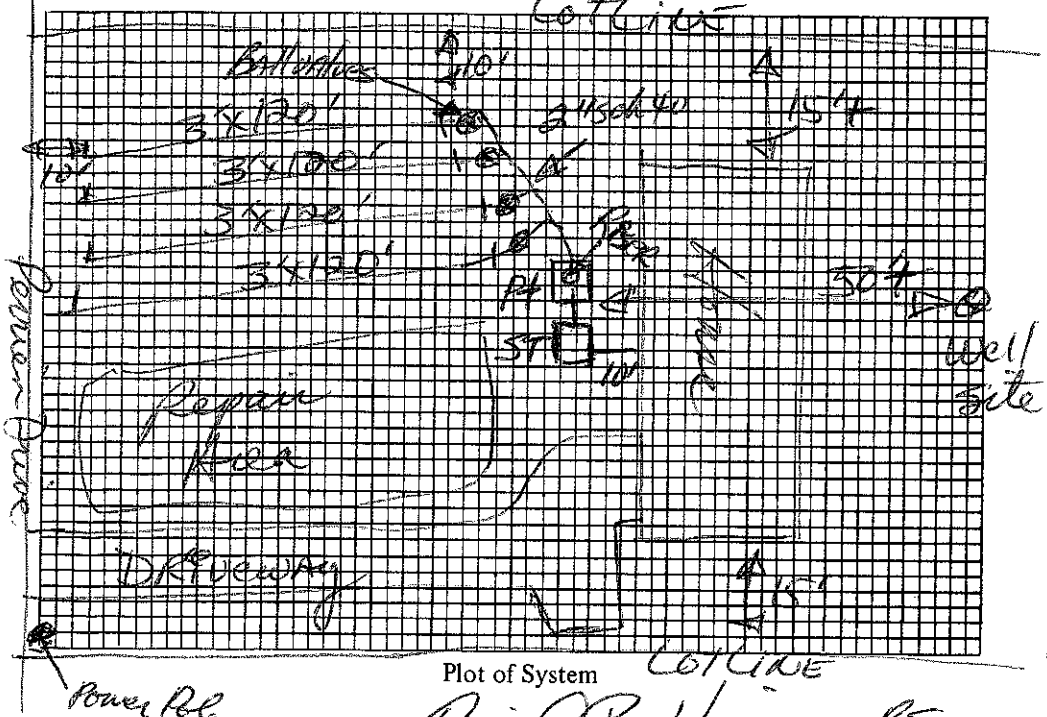
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 3/4-1 Ac.

Character & Porosity of Soil clay
Percolation Rate #25 at 24" 0 #2 at 36"
Topography 2-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals. 1000 gal.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1440 Linear Ft. 480
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

CAKE
Installed by _____

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

Signed: ~~X~~ David R. Hyatt

Pump specs: 40 gal/min. at approx 16' TDH.

IMPROVEMENTS PERMIT BY David R. Hinson, RS.

COMMENTS: Install drainfield on contour and at a 24" trench bottom depth. Use 1½" sch 40 laterals with one 5/32" hole drilled every 5 feet. Two foot pressure head on ditch. Dose 200 gal/cycle of 5 minutes. Provide good surface drainage and landscaping around system.

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