4646040088

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 Eugene Keenan DATE 7-18-86 PERMIT NO. 411

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 TR Bradford pass Ringnack Trail ~350 yds on Rt

SUBDIVISION NAME Woodland Hills LOT NO. 78 SECTION OR BLOCK NO. 5 S. R. 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 Yes (✓) No ( )

Lot Area 22000 Sq ft

Character & Porosity of Soil Clay loam IV

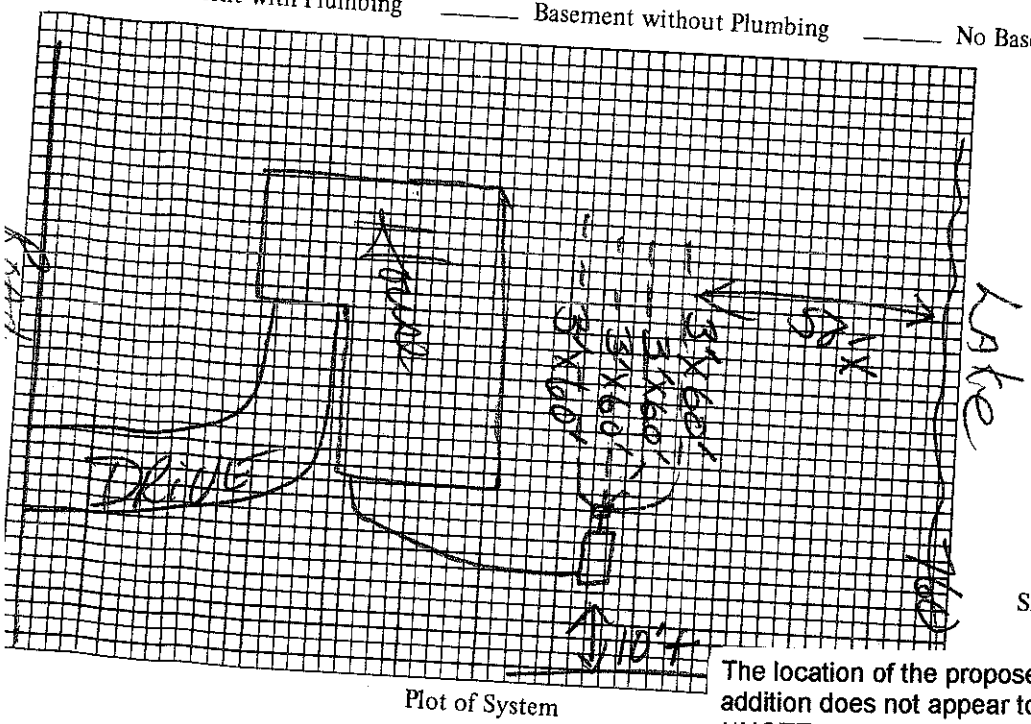
Percolation Rate 4-5

Topography 4 to 6%

Depth to Water Table 4'+

Rock or other impervious formations some scattered rock

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by J. Ervin

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

Signed: _____

The location of the proposed Deck addition does not appear to impact the existing septic system.

**NOTE: SEE ATTACHED

REHS

Date: 1-28-87

ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY CKB

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 7-18-86

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