4646-09-2526

13714

# 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 R L Macleod Inc. DATE 12/5/91 PERMIT NO. 2K-19-A-23

PHONE: Business _____ Home 483-3586

LOCATION Farmstead Ln., Brawley School Rd into Farmstead, TR first road to. 2 mile on (R) S. R. No. _____

SUBDIVISION NAME Farmstead East. LOT NO. 23 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 | Yes (✓) | No ( ) | |

Character & Porosity of Soil P - C - sac + transition

Percolation Rate 35

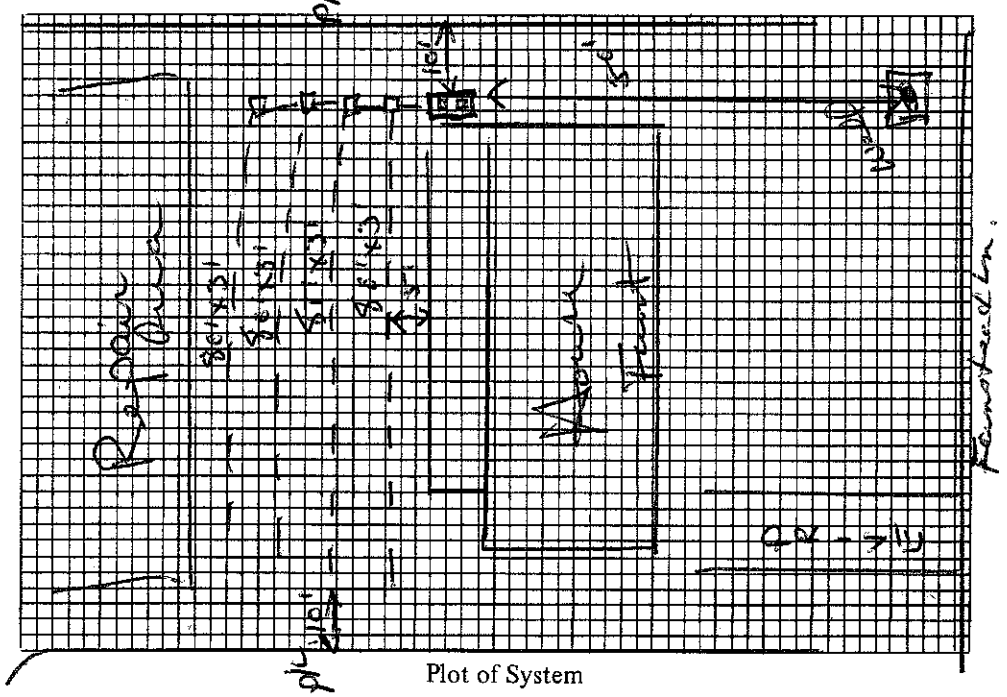
Topography 10%

Depth to Water Table > 48"

Rock or other impervious formations None found

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4(a) 80' x 3'

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Well

Public ( ) Not in yet

Installed by R L Macleod

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Heavy rain Monday past, ground wet but no water standing in trenches. Shallow 30" to trench bottom.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. 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