10735

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 Frank J. Poore Jr. DATE Feb 7, '90 PERMIT NO. 26-5-B5

PHONE: Business _____ Home _____

LOCATION 21 S. & I77 TR 1206 (Alcove) TR 1110 (Catalina) TR Rainbow Lane ahead on left S. R. No. _____

SUBDIVISION NAME Catalina Cove LOT NO. 5 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition w/ Addn.

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )
Lot Area Existing @ well

Character & Porosity of Soil Clay
Percolation Rate ~.3-.4
Topography ~4%
Depth to Water Table 3'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1250 gal.

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16" 14"
Water Supply: Individual ( ) Public ( )

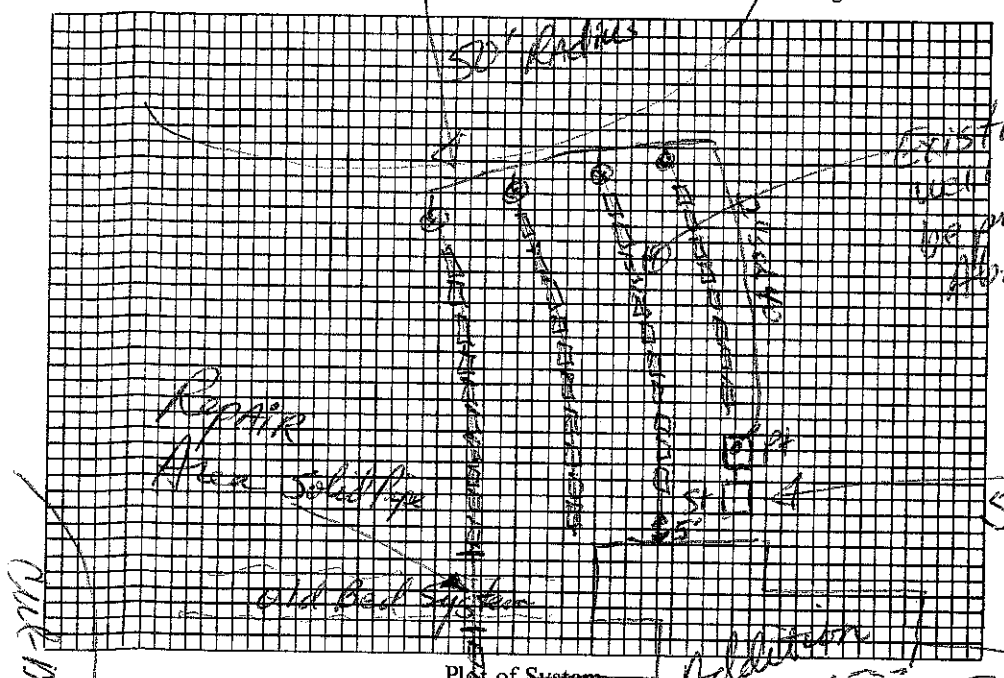
Existing to be properly abandoned

panels pressure closed

Installed by _____

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

Signed Frank J Poore, Jr



IMPROVEMENTS PERMIT BY DR Hennessy EHS

COMMENTS: changes from engineered plan as follows: 1) Abandon well before following in w/ concrete 2) TANK sizes as shown above & system layout as above 3) Sch 40 fittings & pipe 4) 2' pressure head 5) Pump appears adequate @ 19 gal/min at 97' TDH

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