9178

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 M.F. Crouch DATE 11/1/88 ~~PERMIT~~ QUAD NO. 21A

PHONE: Business _____ Home 664-5045 (X)

LOCATION 1100 TL Canvasback TL Regency At end TR on L. ~ 200' S. R. No. _____

SUBDIVISION NAME Regency LOT NO. 16 SECTION OR BLOCK NO. _____

DAVIDSON) 2K-7-A-16

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable ~~P.~~ S. Yes (✓) No ( )

Lot Area 20000ft²+

Character & Porosity of Soil Clayey

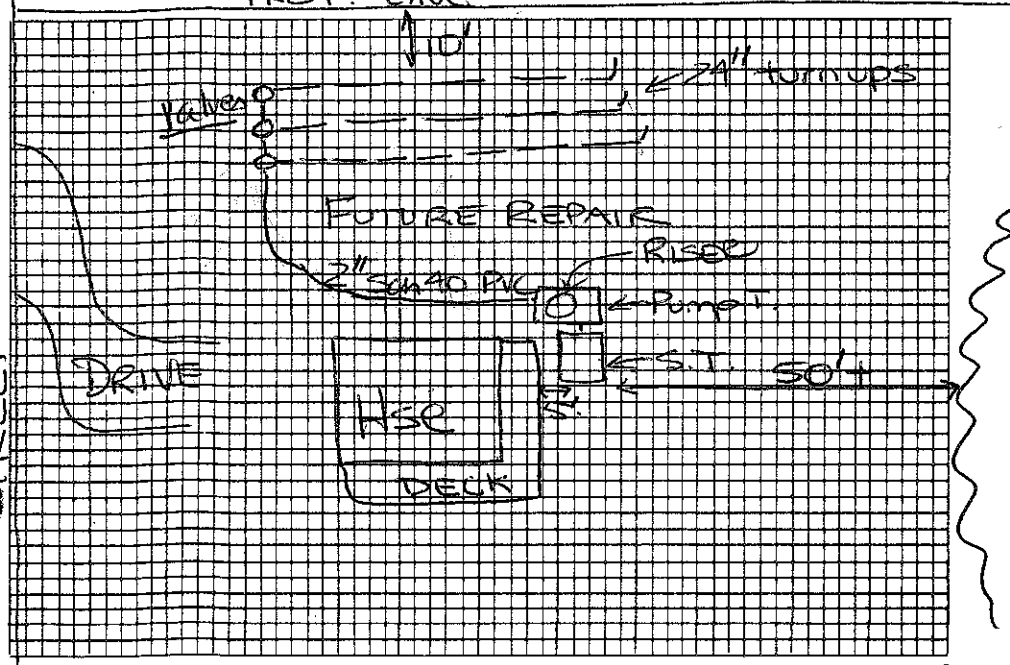
Percolation Rate .3gpd/ft² I

Topography 10%

Depth to Water Table 4'+

Rock or other impervious formations none observed

(✓) Basement with Plumbing PROP. LINE Basement without Plumbing _____ No Basement Pump Tank: 1250



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 810 Linear Ft. 270

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓) COMMUNITY LAKE

Installed by _____

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

Signed: [signature]

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Run lines level and keep them uphill as much as possible. SHALLOW depth (24") Reserve repair below initial installation. TDH = ~19 Flow 24gpm. 5/32" hole ea. five feet in a 1¼" pipe for the drainfield. Call H.D. if questions.

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