2:30

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 S. D. Howard DATE 6-25-86 PERMIT NO. 289

PHONE: Business ________ Home ________

LOCATION 150W to 4109 TR on Pondorosa go about ½ mile lot on R

________ S. R. No. ________

SUBDIVISION NAME Bonanza LOT NO. 14 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 ( )

Lot Area 20,000 ft²

Character & Porosity of Soil Clay loam

Percolation Rate .5 gal/ft²/day

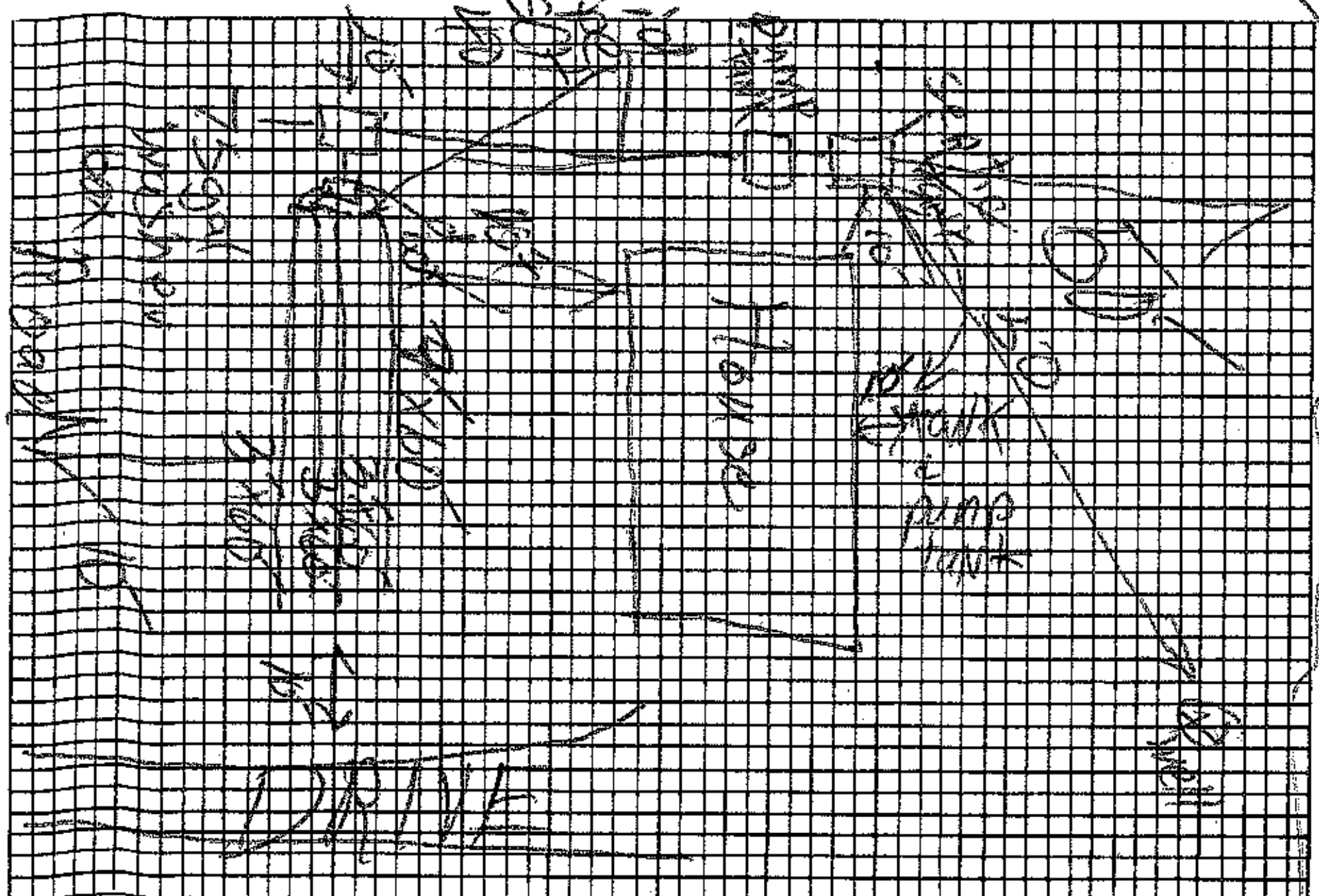
Topography 2-10%

Depth to Water Table 4'

Rock or other impervious formations none obs

No baffle 1000 gal pump tank

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank ________ Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by ________

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

Signed: S D Howard Jr

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: keep system shallow and follow contour keep ditches no more than 3.5' deep. have alarm 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