0796 F

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 Randy Ford DATE Feb 24 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215 X I-77 proceed onto 1109 TL before lake onto SR 1191 (Ponderosa Blvd.) 1/4 mile on Rt.

SUBDIVISION NAME Bonanza LOT NO. 1 SECTION OR BLOCK NO. _____ 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~~ RS.

Lot Area 20000 ft² & neighbors well

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

Area near Road

Character & Porosity of Soil clay

Percolation Rate 2,35 g

Topography mo to

Depth to Water Table 4ft

Rock or other impervious formations none obs.

1250 gal pump tank

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

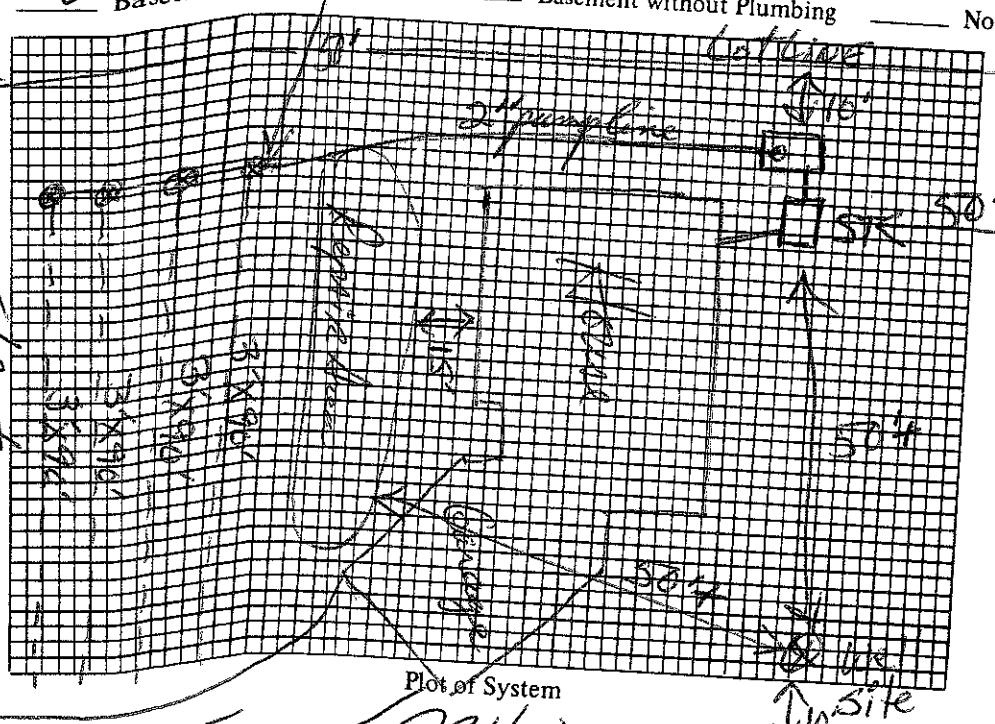
760 Elevation

LAKE

Installed by _____

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

Signed: X _____



Plot of System

* install drainfield at a max. depth of 30" to bottom of ditch to follow contour. Divert surface water around system.

IMPROVEMENTS PERMIT BY D. K. Hinson, RS. DATE 2/25/88

COMMENTS: Pressure dose conventional type field. From 2" pump line set a 1½" or 2" BALL valve at the head of each ditch; after valve reduce to 1½"-1¼" Sch 40 pvc pipe down the center of each ditch with one 5/32" hole drilled every 5 feet (18 holes/ditch). Pressure dose at 2' head/ditch, Model a pump capable of delivering 30 gal/min at 19' total head.

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