4648-22-9958 / 4648-32-0958

12775

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 Max Spear Const. DATE Oct. 9, '91 PERMIT NO. 2P-10-A-162

PHONE: Business _____ Home _____

LOCATION 150 W TR Bluefield Rd. TR 1395 ~1 mile on left S. R. No. _____

SUBDIVISION NAME Beaufort Bay LOT NO. 142 combined SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable PS Yes (✓) No ( )

Lot Area 40,000 ft²+

Character & Porosity of Soil sl clay

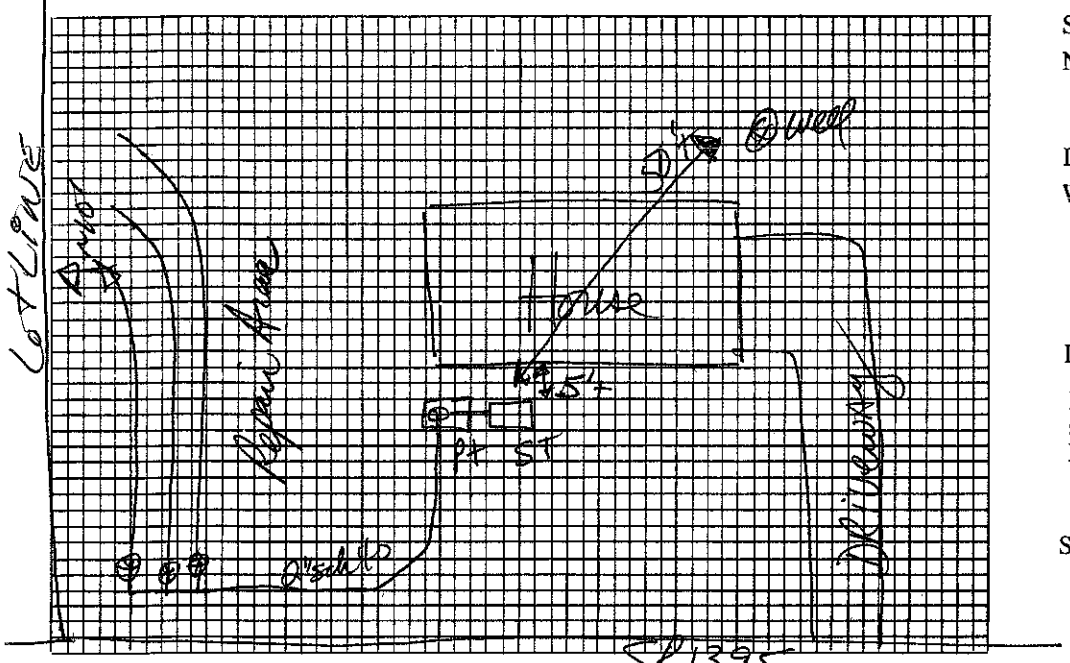
Percolation Rate 4,35

Topography ~4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank ST 1000 / PT 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Rowan S.T.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Operation permit

CERTIFICATE OF COMPLETION BY _____ DATE 10-9-91

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

12775

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 Max Spear Const. DATE May 31, '91 PERMIT NO. 91-10-A-142

PHONE: Business _____ Home _____

LOCATION 150 W TR Bluefield Rd. TL Beaufort Rd. ~1 mile on left S. R. No. _____

SUBDIVISION NAME Beaufort Bay LOT NO. 142 combined SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	n.35
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
Site Suitable ~~B~~	Yes (✓)	No ( )	Depth to Water Table	4'+
Lot Area 40,000 ft²+			Rock or other impervious formations	none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement 1000 p.T.



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
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: _____

IMPROVEMENTS PERMIT BY Harold R. Hinson, RS, EHS

COMMENTS: Follow contour. 36" maximum trench bottom depth. Pressure dosed conventional drainfield. 1½" sch 40 laterals with one 3/32" hole every 5 feet & 2' pressure head. Set up in pump tank as follows: pump, check valve, 2" coupling, 2" gate valve in that order.

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.

Pump specs: @ 29 gal/min at Approx. 19' head

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold