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 PS clay

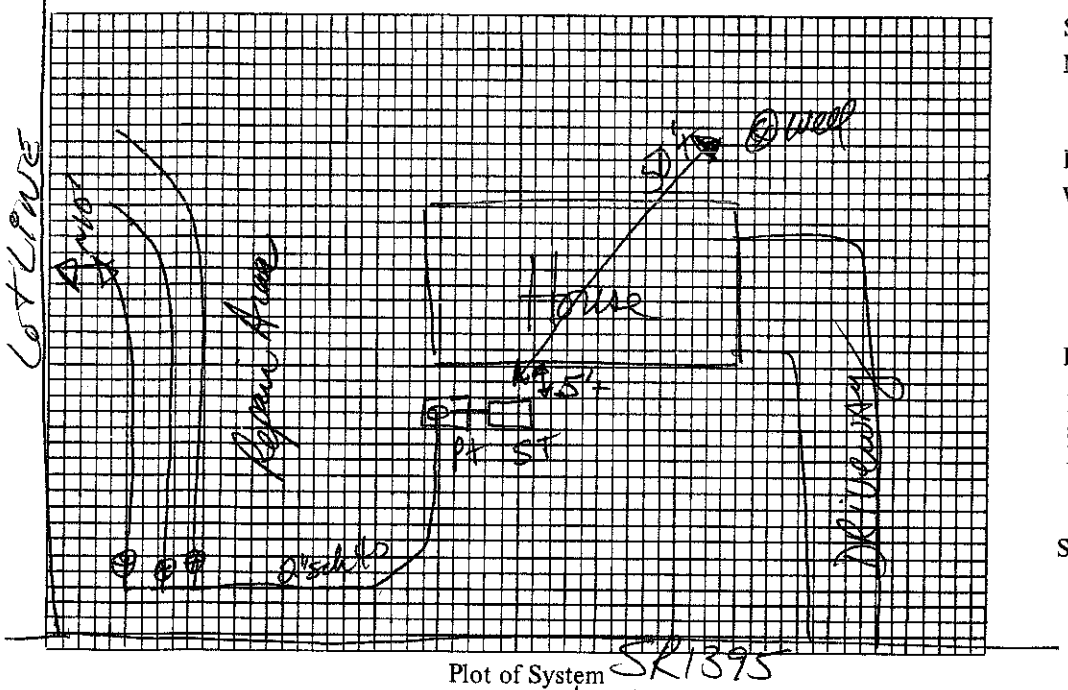
Percolation Rate 1,35

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 SR 1395

ST PT

Size of Tank 1000/1000 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 _____, RS 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. 2P-10-A-142

PHONE: Business _____ Home _____

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

SUBDIVISION NAME Beaufoot 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 AS Yes (✓) No ( )

Lot Area 40,000 ft²+

Character & Porosity of Soil ps clay

Percolation Rate n.35

Topography 2-4%

Depth to Water Table 4'+

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 Jack R. Hinson, RS, EHS

COMMENTS: Follow contour a 36" maximum trench bottom depth. Pressure dosed conventional drainfield. 1½" sch 40 laterals with one 3/32" hole every 5 feet to 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