11-11:30

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 Van Stronach DATE 10-3-86 PERMIT NO. 419

PHONE: Business _____ Home _____

LOCATION 115 S. TC 1138 ~ 1/4 mile past Davidson Downs TC at end on Rt. S. R. No. _____

SUBDIVISION NAME Cobleland LOT NO. 7 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 3.8 Ac

Character & Porosity of Soil Clay

Percolation Rate 14

Topography 10-15%

Depth to Water Table 36"+

Rock or other impervious formations Saprolite at 24"+

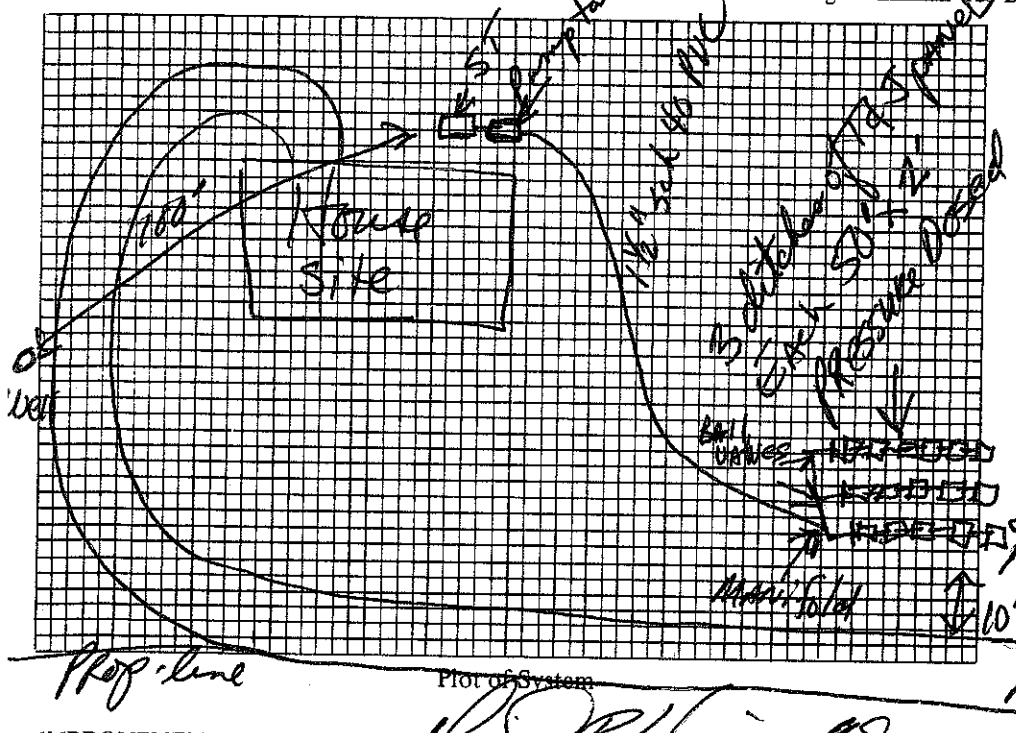
✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 gal pump tank w/o baffle

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 150 ft
Depth of Stone in Lines 7 & 7 panels

Water Supply: Individual (✓) (16")
Public ( )



Plot of System

Installed by _____

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

Signed: Van Stronach

IMPROVEMENTS PERMIT BY Marvin R. Hunsucker, R.S.

COMMENTS: Pressure dose panels using manifold & valves. Install ditches shallow. Contact H.D. before installation to ensure no problems.

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