IREDELL COUNTY HEALTH DEPARTMENT

1945

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Alice P. Stirling DATE Sept. 26 '90 PERMIT NO. 10-C-61

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1223 (East fork Tr) TR 1224 (East fork Ln)
X Creek on Right

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

6/29/10 Tanks pumped

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

Goulds ½ HP installed

No. Bedrooms 3 No. Bathrooms 2

Drainfield area

Character & Porosity of Soil 05 clay Outside alarm

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 2 Ac+

Percolation Rate 1-4

Topography 6%

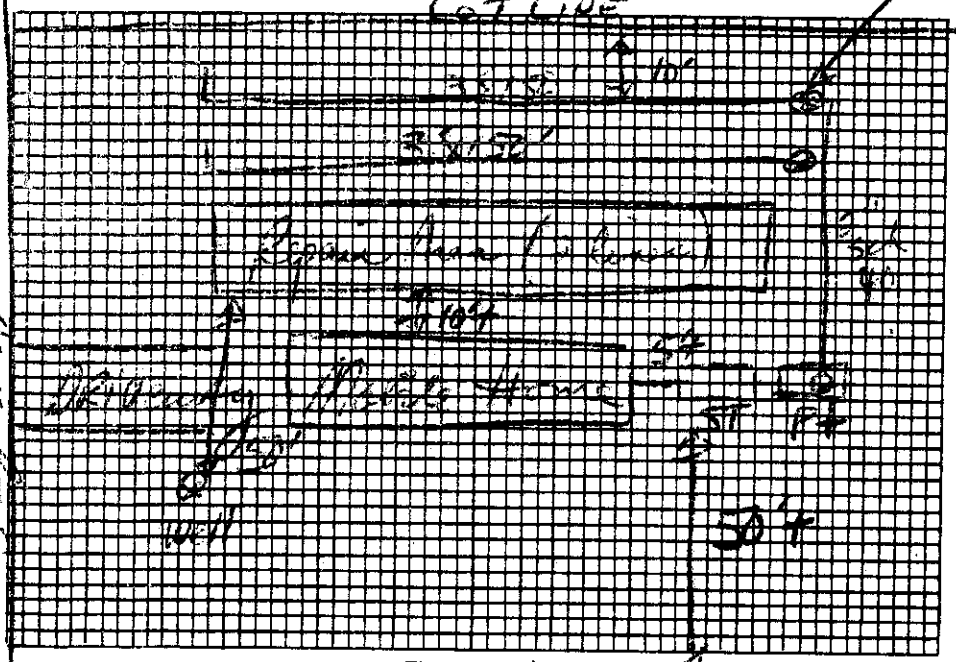
Depth to Water Table 4'

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Ballantines

1000 P.T.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 700 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by TJ Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Pump + alarm checked by portable generator.
Alarm not permanently mounted yet.

Operation Permit

~~CERTIFICATE OF COMPLETION~~ BY _____ DATE 7-26-90

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