11943

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 Diane P. Sterling DATE Sept. 13, '90 PERMIT NO. 1-D-C-61

PHONE: Business _____ Home _____

LOCATION 1155 TL 1223 (Eastport Trail) TR Eastport Cove

X Creek on Right S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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~~ PS Yes (✓) No ( )

Lot Area 2 Ac +

Drainfield Area

Character & Porosity of Soil ps clay

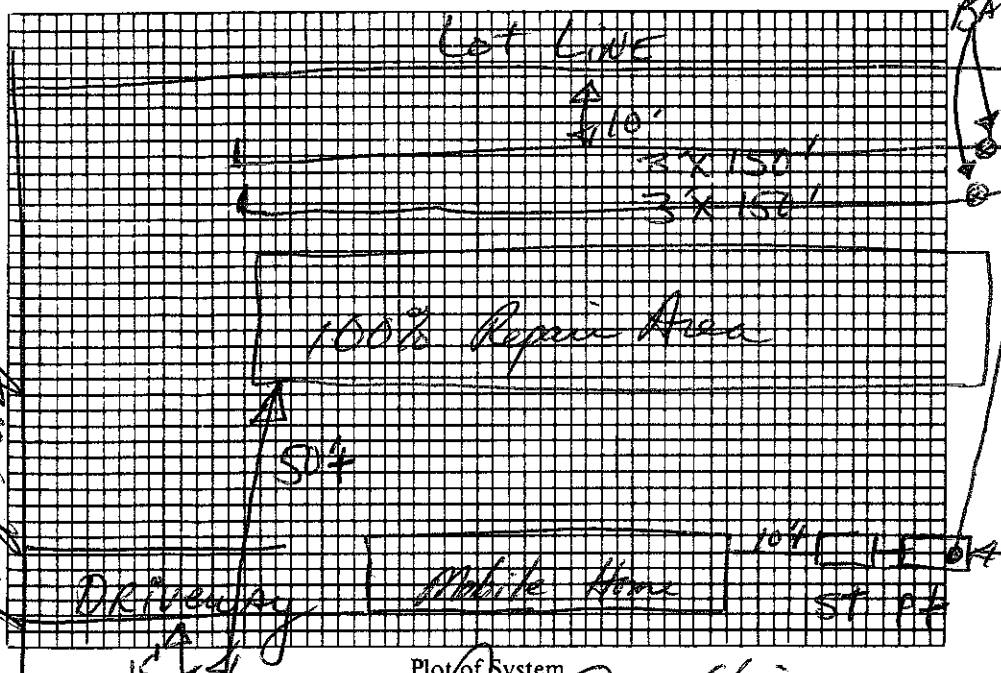
Percolation Rate 1-4 g

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 1000 Gals. (1000 p.t. Ballvalves)

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

2" Sch 40

Installed by _____

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

Signed Diane Sterling

Pump specs @ 25 gpm At Approx 20' head

IMPROVEMENTS PERMIT BY David R. Henson, EHS

COMMENTS: Trenches on contour @ 24" trench bottom.

Pressure dosed conventional trenches

1½" Sch 40 laterals with ONE 5/32" hole every 5 feet. Two foot pressure head. Dose 150-200 gal/cycle

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