~~4655-34-7114~~
~~Lot Tennant Ln.~~
117 TENNANT LN
4655-34-4238

11293

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 Herbert E. Tennant DATE April 18, 1990 PERMIT NO. ID-8-A-2

PHONE: Business _____ Home _____

LOCATION 1155 TL 1223 (Eastport Trail) TR 1224 (Eastport Lane) to very end Bear left on left S. R. No. _____

SUBDIVISION NAME ~~HF~~ Tennant ~~property~~ LOT NO. 2 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____ Area of Drainfield

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ VS	Yes (✓)	No ( )	

Character & Porosity of Soil ps clay (shallow)
Percolation Rate ~4 gpd/ft²
Topography ~8% E
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 1.05 Ac

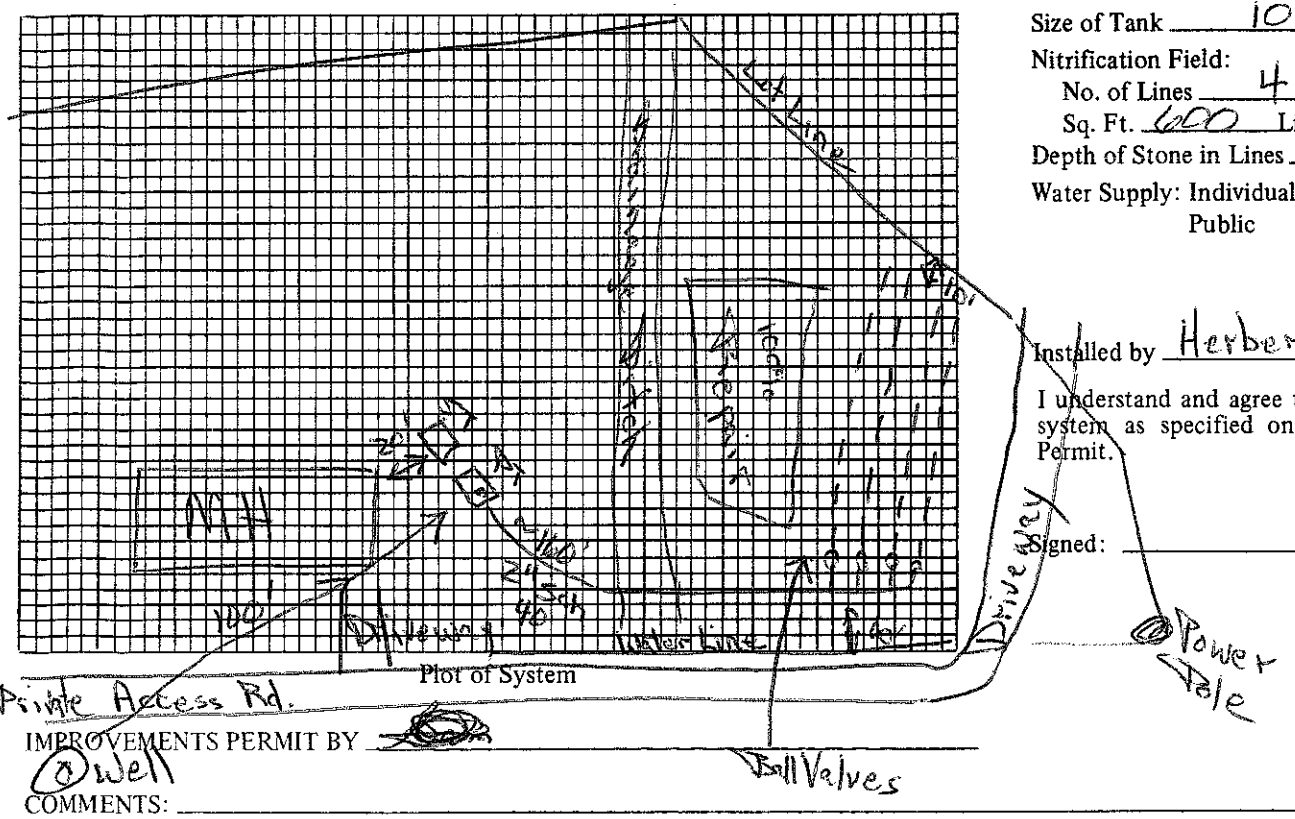
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 PT

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Installed by Herbert Tennant

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 Sam Ingram EHS DATE April 18, 1990

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