1331

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 Terry Waggoner DATE Feb. 9, '90 PERMIT NO. IL-5-A-2

PHONE: Business ________ Home ________

LOCATION 21 N. TR Oates Rd. (into Summerbase) 2nd lot on left S. R. No. ________

SUBDIVISION NAME Summerbase LOT NO. 2 SECTION OR BLOCK NO. ________

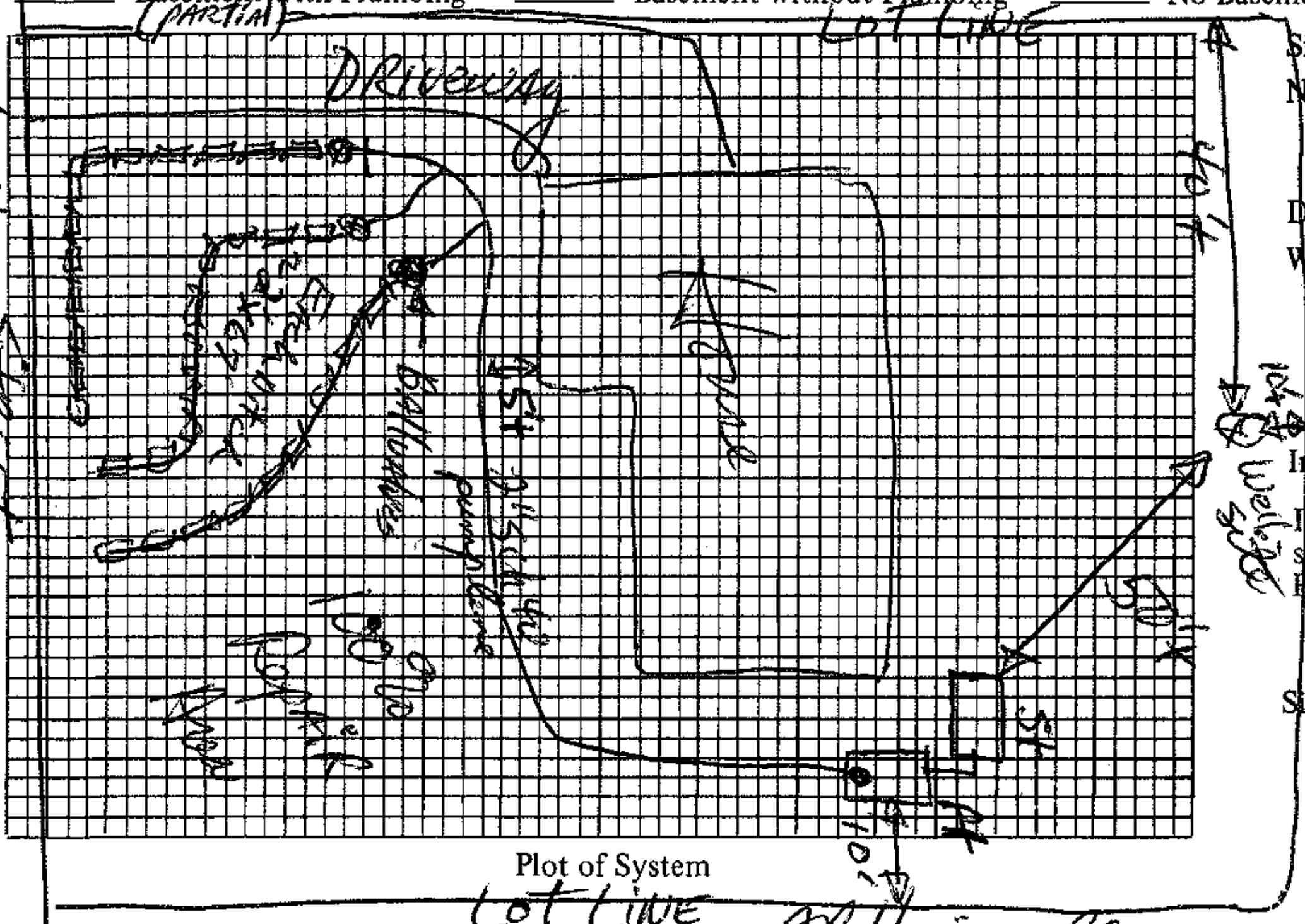
House (✓) Mobile Home ( ) Business ( ) Other ________

No. Bedrooms 3 No. Bathrooms 2-3
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil Front PS clay
Percolation Rate ~.3
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 100' x 243'

✓ Basement with Plumbing (PARTIAL) ______ Basement without Plumbing ______ No Basement



Plot of System

1250 p.t.
Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. ______ Linear Ft. 200'
Depth of Stone in Lines 16" T
Water Supply: Individual (✓) Public ( )
panels pressure dosed

Installed by ________

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

Signed: [signature]

IMPROVEMENTS PERMIT BY D.R. Arrison, RS

COMMENTS: Maximum trench bottom depth of 30". Follow contour. Use 1¼" Sch 40 thru panels with ONE 5/32" hole per panel. Two foot pressure head. Pump specs: 19 gal/min at approx 20' TDH.

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