IREDELL COUNTY HEALTH DEPARTMENT

1693

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

OWNER OR CONTRACTOR Jeffrey T. Black DATE May 14 '91 PERMIT NO. IJ24 B14

PHONE: Business _____ Home _____

LOCATION W. Wilson Ave Turn on Alexander St. 2nd house on left S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

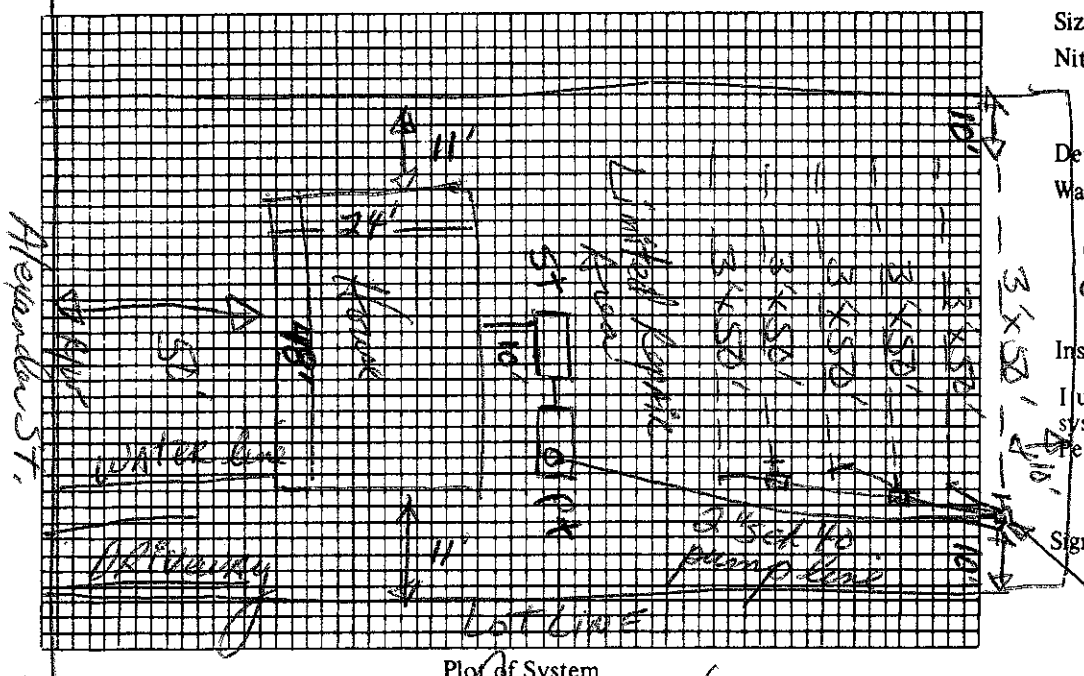
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	

Character & Porosity of Soil ps clay trans.
Percolation Rate fast
Topography rolling
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 70' X 200' EXISTING

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement

1000 p.T.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓ city)

Lot Line

Installed by _____

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

Signed Kim Richardson

3 D-boxes total

IMPROVEMENTS PERMIT BY David R. Hinson, RS, EHC

COMMENTS: Can go up to 5' from side lot lines if needed. 36" maximum trench bottom depth. Dose Approx 150 gal/5 min. cycle. Pump spec: 30 gal/min at Approx 18' head

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