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09125

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 Carlyle Gandy DATE Oct. 12, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N. on left ~½ mile before jct w/ 1302 (Cornelius Rd.) S. R. No. _____

SUBDIVISION NAME Country Estates LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ~~( )~~ No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable PS Yes (✓) No ( )

Lot Area 34,665 ft²

Character & Porosity of Soil clay

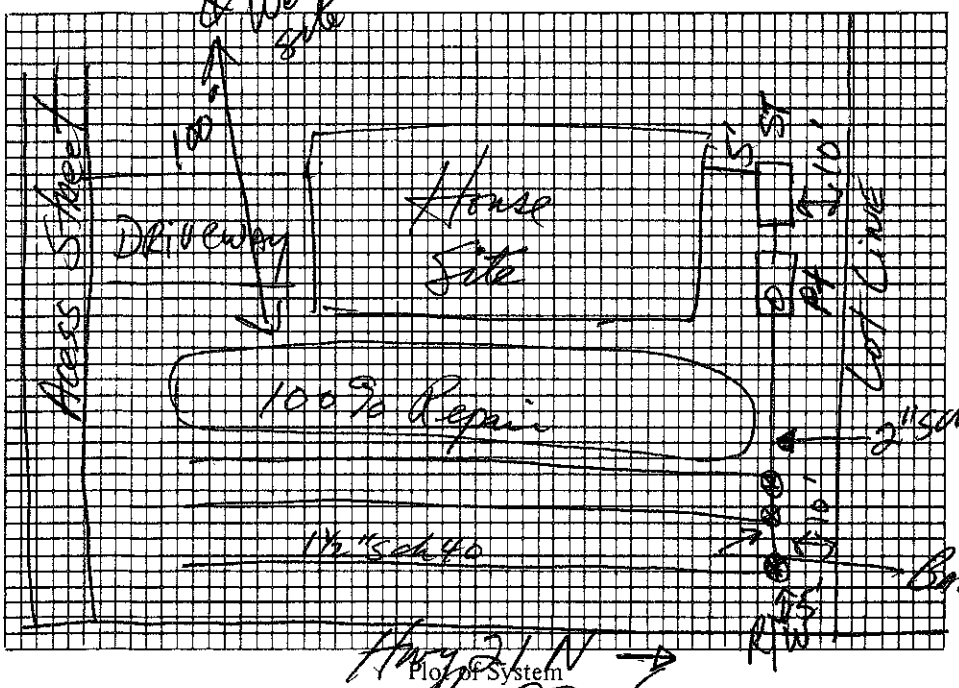
Percolation Rate ~4

Topography 2-6%

Depth to Water Table 47

Rock or other impervious formations saprolite 24"+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1000 gal p.t.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300 +

Depth of Stone in Lines 12"

Water Supply: Individual (✓) + pressure dosed

Public ( )

Installed by _____

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

Signed: Carlyle Gandy

IMPROVEMENTS PERMIT BY David R. Hanson, RS.

COMMENTS: Pressure dosed conventional field. 1½" Sch 40 laterals with one 5/32" hole every 5 feet; 2 pressure lead per ditch. Pump Specs: 25 gal/min. at 12' TDH.

+ Install drainfield at a depth of 24" to trench bottom.

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