10827

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 Wallace A. Stallings DATE Dec 28, '89 PERMIT NO. 4F-B-115

PHONE: Business _____ Home _____

LOCATION 115-21 N. on left ~¼ mile before jct w/ 1312 (Flower House Loop) ~500' off road S. R. No. _____

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

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

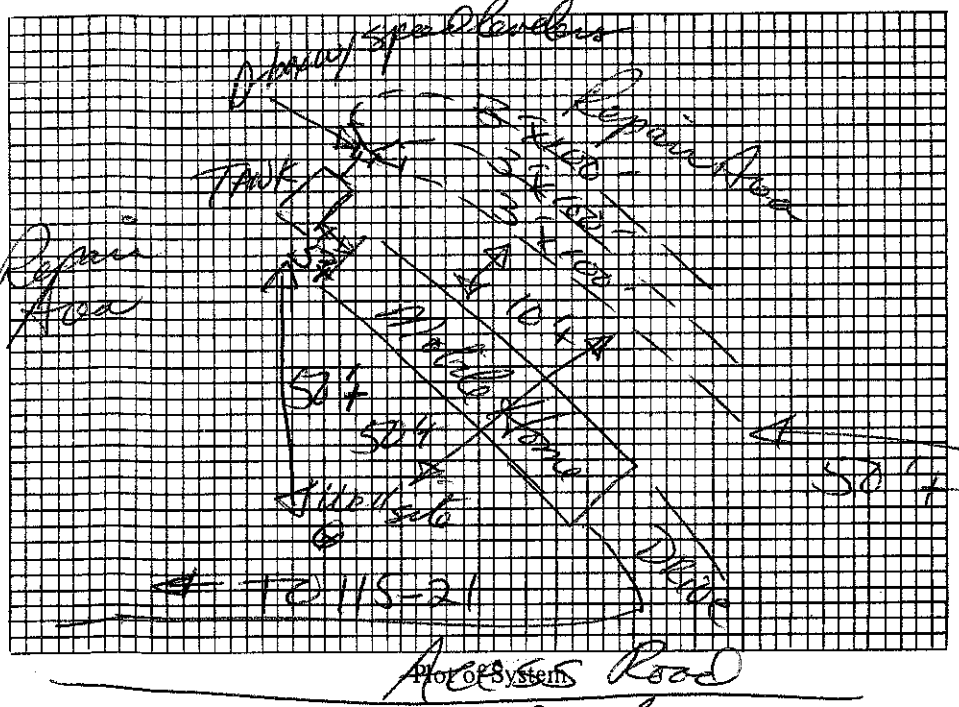
No. Bedrooms 3 No. Bathrooms 2

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
Percolation Rate 2-4"
Topography 4
Depth to Water Table none obs.
Rock or other impervious formations _____

Lot Area ~2.3Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



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 (✓)
Public ( )

Installed by J J Ervin

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

⊗ Ex well

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: New well not down

CERTIFICATE OF COMPLETION BY _____ DATE 12-28-89

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

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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 Wallace A. Stallings DATE Dec. 14, 89 PERMIT NO. 4F-B-115

PHONE: Business ______ Home ______

LOCATION 115-21 N. on left ~ 1/4 mile before jct with SR 1312 (Flower House (coop) ~500' off road S. R. No. ______

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

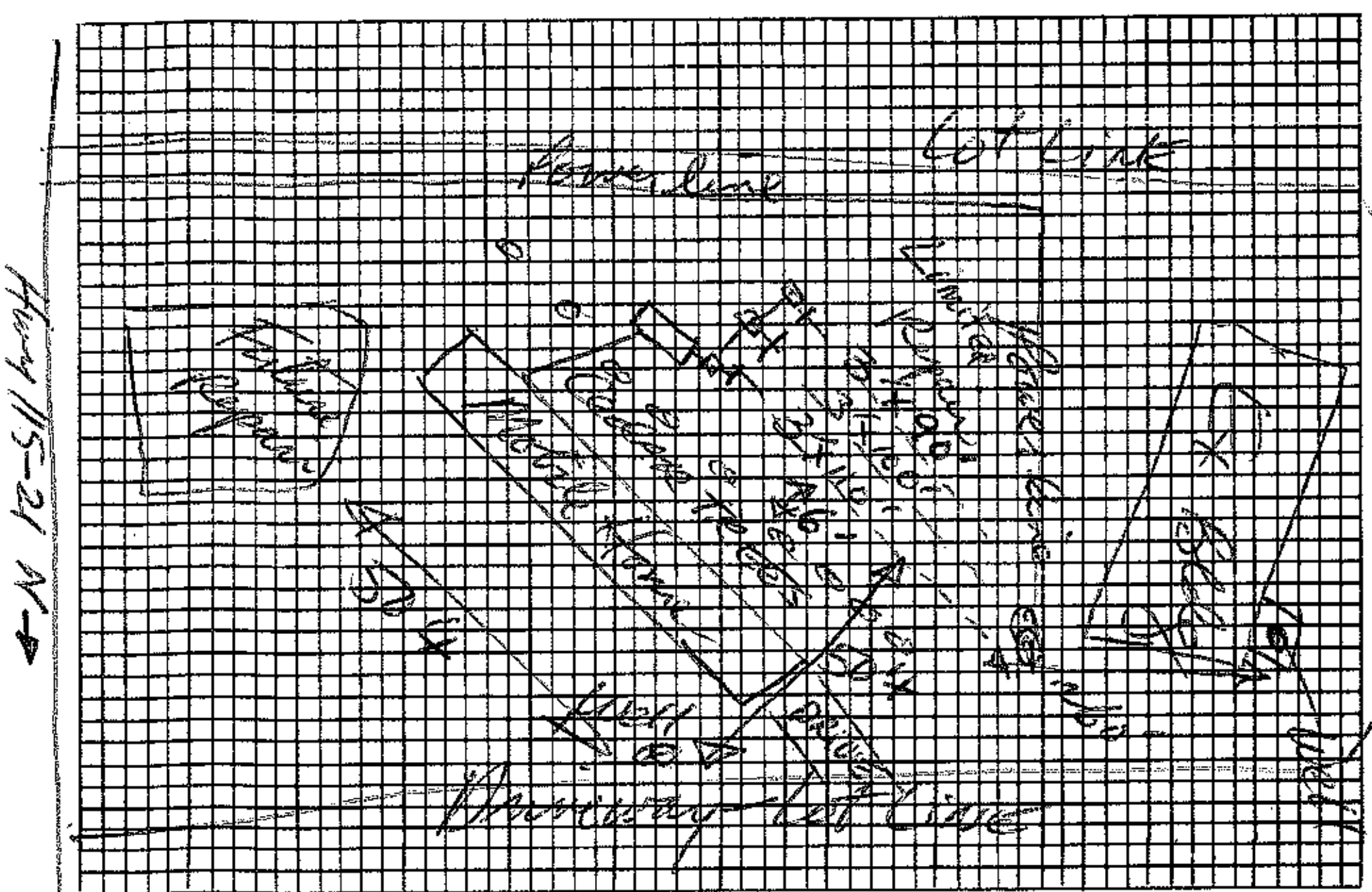
House ( ) Mobile Home (✓) Business ( ) Other ______

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 ~2.3Ac.

Character & Porosity of Soil PS clay
Percolation Rate ~.4
Topography 2-4%
Depth to Water Table 44
Rock or other impervious formations none obs.

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement

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 (✓)
Public ( )



Plot of System

Installed by ______

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

Signed: X Wallace Stallings

IMPROVEMENTS PERMIT BY David A. Hinson, RS

COMMENTS: Follow contour. Maximum trench bottom depth of 36". May use D-box with speed levelers if preferred.

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY: ______ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold