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 ~1/4 mile before get 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 ( )

Lot Area ~2.3Ac

Character & Porosity of Soil PS clay

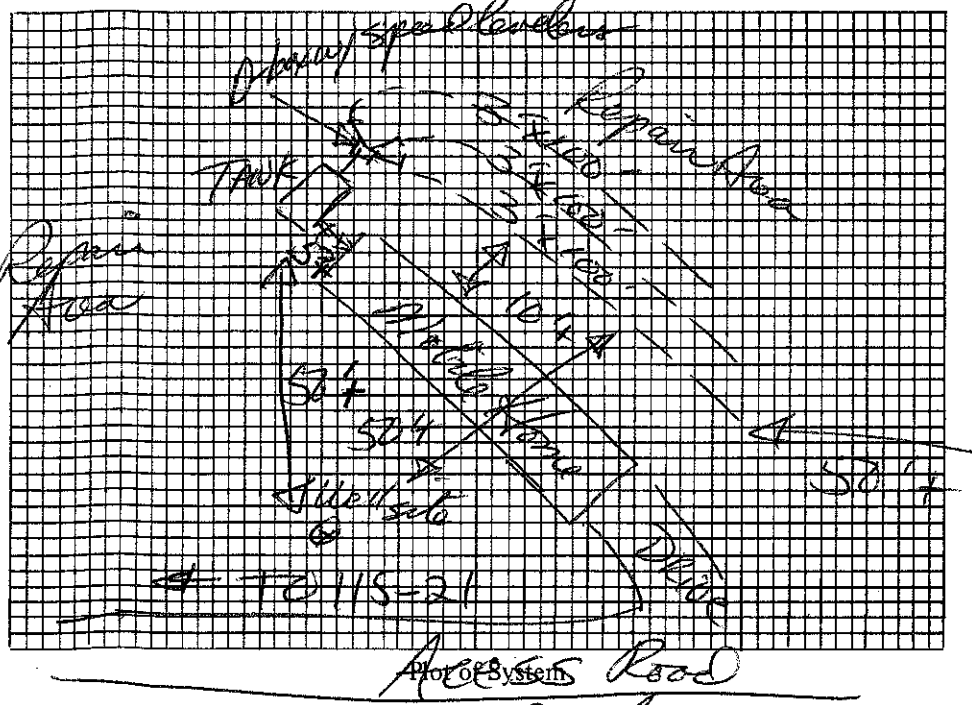
Percolation Rate 40 2-4 to

Topography

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 ( )

Installed by J J Erwin

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 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 ~.4

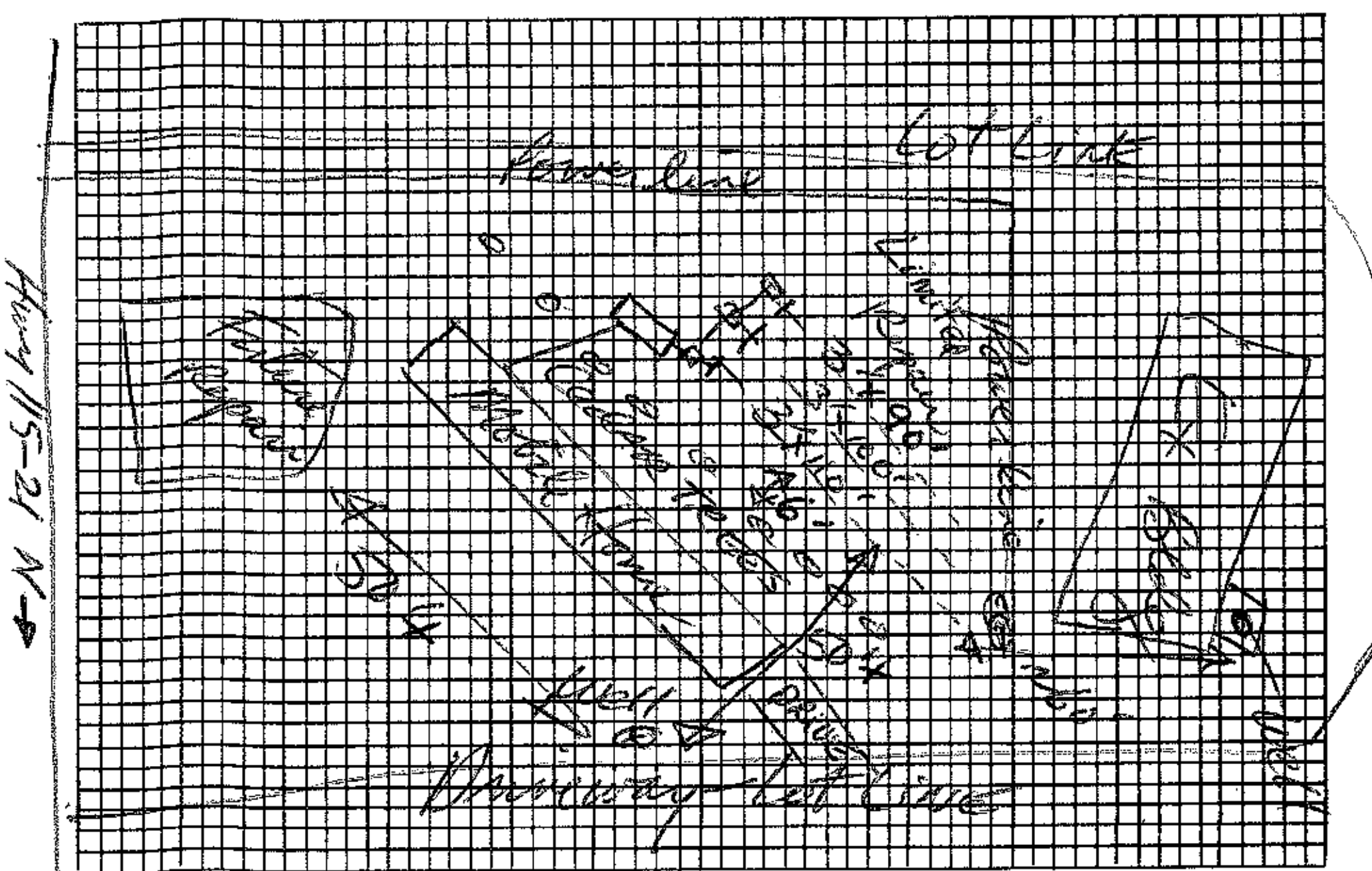
Topography 2-4%

Depth to Water Table 44"

Rock or other impervious formations none obs.

Lot Area ~2.3 Ac.

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

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 ________

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.

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