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10834

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 Stephen L. Clodfelter DATE Dec. 8, 89 PERMIT NO. 4F-B-102

PHONE: Business _____ Home _____

LOCATION 115-21 N. on left ~1/4-1/2 mile before jct. w/ 1312 (Flower House Loop) 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~~ RS Yes (✓) No ( )

Lot Area 1.57 AC

Character & Porosity of Soil Clay

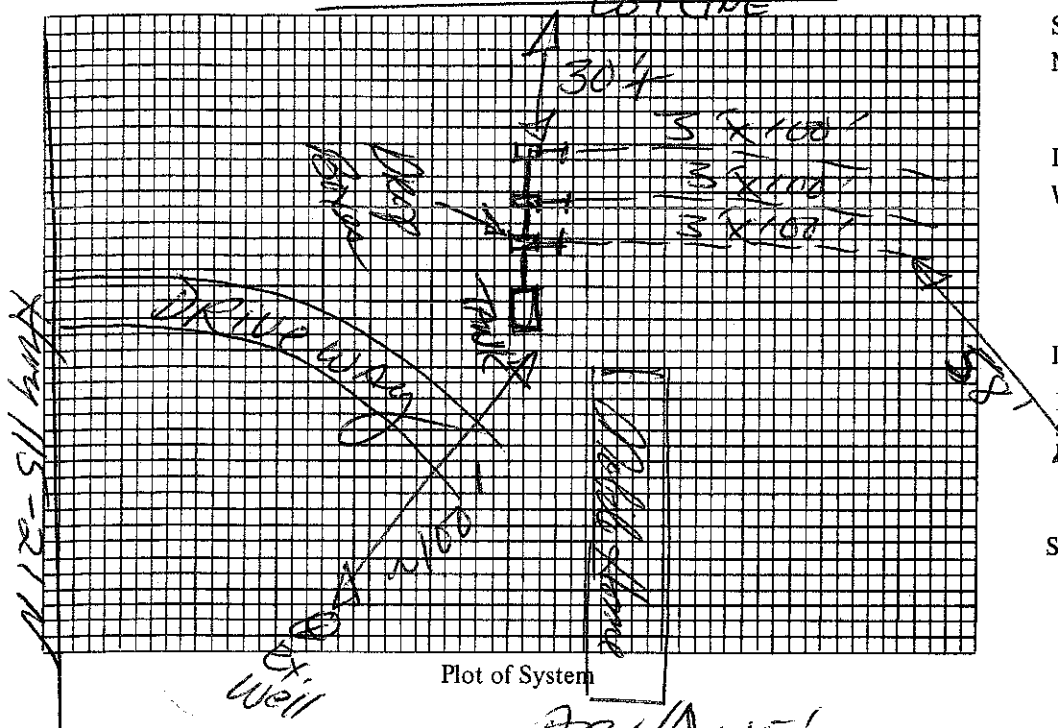
Percolation Rate 20+

Topography 2-6%

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 James Hudler

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: LOT LINE

CERTIFICATE OF COMPLETION BY _____ DATE 12-18-89

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 Stephen L. Clodfelter DATE Dec. 14, '89 PERMIT NO. 4-F-B-102

PHONE: Business ____________ Home ____________

LOCATION 115-21 N. on left 1/4-1/2 mile before jct. with SR1312 (Flower House Loop) 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 1.57 AC

Character & Porosity of Soil PS clay

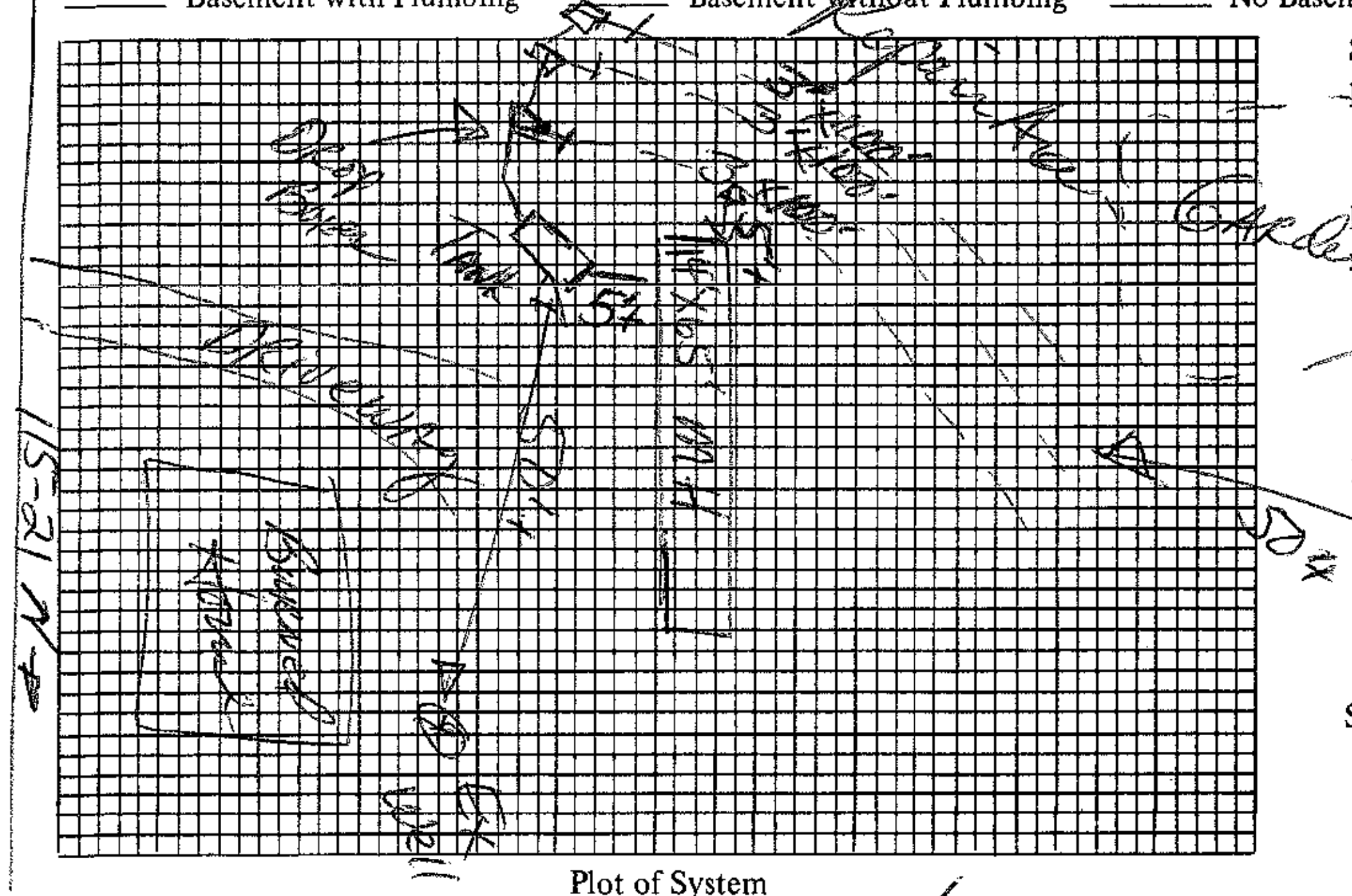
Percolation Rate h.4

Topography 2-6%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

~~Nitrification Field:~~ 3

No. of Lines ______

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 Karen L. Clodfelter

Plot of System

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: Follow contour. Maximum trench bottom depth of 36". Provide good surface drainage across sewage system area.

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: Gr