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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 *Larry Michael Hagen* DATE *March 7 '90* PERMIT NO. ____

PHONE: Business ________ Home ________

LOCATION *115-21 N. TR 2390 (Westmoreland Rd) ~ 1/4 mile on left* S. R. No. ____

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

Ex.

ouse (✓) Mobile Home ( ) Business (✓) Other *(1 chair beauty shop in house)*

. Bedrooms *3* No. Bathrooms *2*

rbage Disposal Unit Yes ( ) No (✓)

ito. Dishwasher Yes (✓) No ( )

Vash. Machine Yes (✓) No ( )

table *PS* Yes (✓) No ( )

20000 ft² +

Character & Porosity of Soil *PS clay*

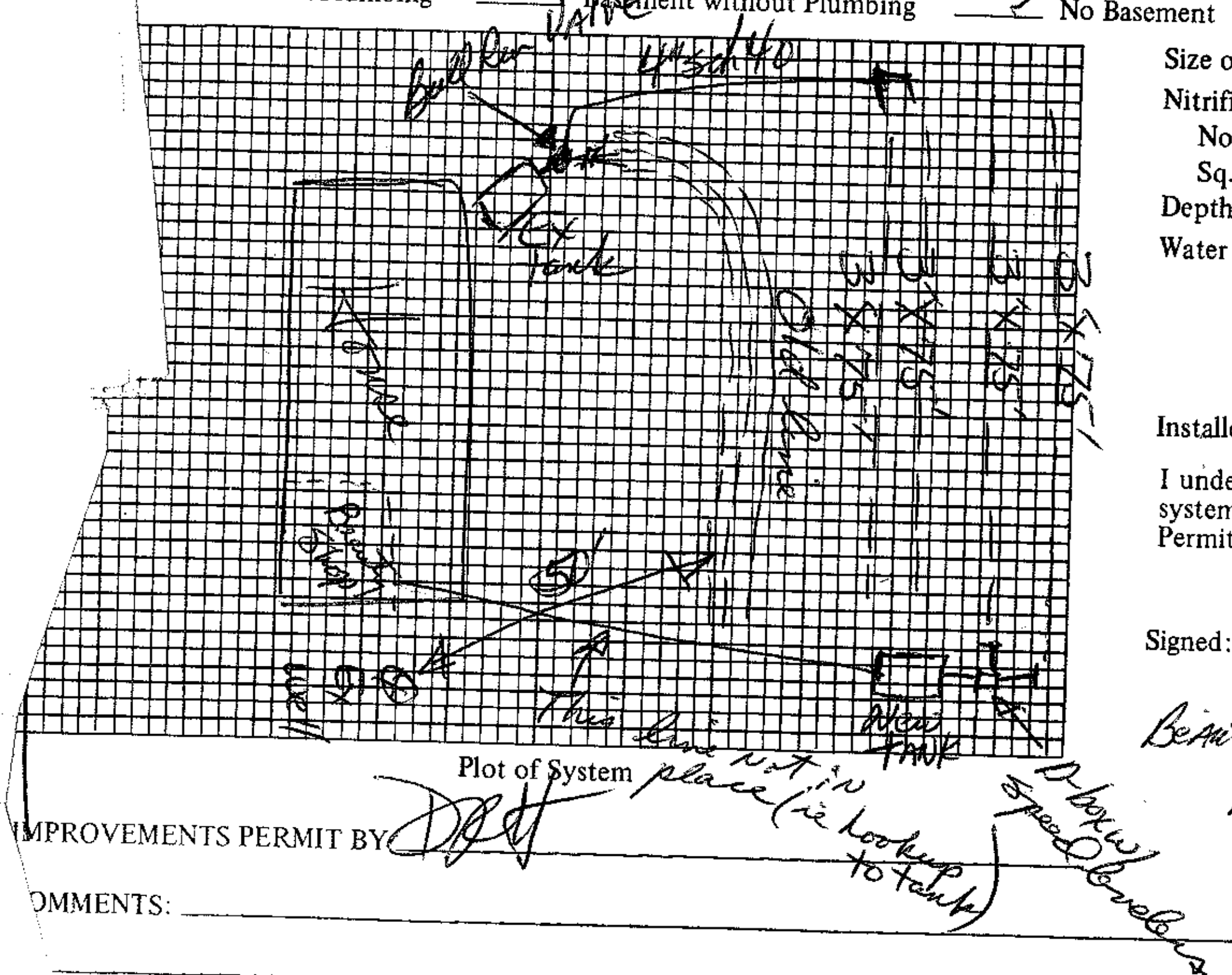
Percolation Rate *.3-.4*

Topography *4-8%*

Depth to Water Table *44"*

Rock or other impervious formations *none obs.*

Basement with Plumbing ____ Basement without Plumbing ____ ✓ No Basement *House*



Plot of System

Size of Tank *Existing* Gals.

Nitrification Field:

No. of Lines *2*

Sq. Ft. *450* Linear Ft. *150*

Depth of Stone in Lines *12"*

Water Supply: Individual (✓)

Public ( )

Installed by *Tim Smith Cedarwood Septic Tank*

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

Signed: ________

Beauty Shop - 1000 gal tank 150 lin ft (2 ditches 3'x...

IMPROVEMENTS PERMIT BY *DRH*

OMMENTS: ________

IFICATE OF COMPLETION BY *David R. Hinson, EHS* DATE *March 7 '90*

ING SYSTEM CHECKED BY: ________ DATE ________

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

VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ...nents Permit.

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