0834

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 Chilcutt Enterprises DATE March 25, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E. TL just before RR tracks (Denver Dist.)

S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other ~15 employees total - 2 buildings

No. Bedrooms _____ No. Bathrooms ~3

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

Character & Porosity of Soil clay transition

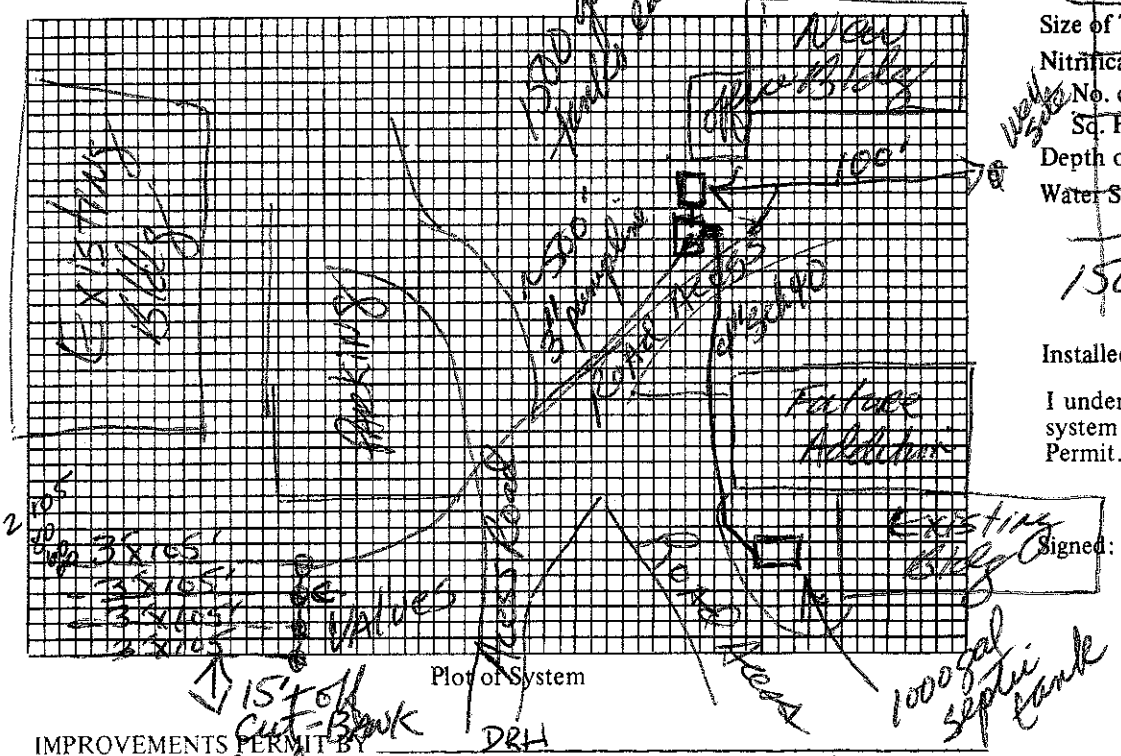
Percolation Rate ~3

Topography area of drainfield

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



1000 gal septic tank at existing Bldg.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1260 Linear Ft. 420

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

1500 gal pump tank

Installed by _____

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

Signed: ~~X~~ _____

Mykiet Const.

IMPROVEMENTS PERMIT BY DRH

COMMENTS: install drainfield on contour and with 12" cover. 1½" sch 40 pvc down the center of each ditch; One 5/32" holes every 5 feet; 2" pressure head/ditch. Need a pump capable of delivering 35 gal/min at approx 34' total head.

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