07539

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 Sam Sears DATE 9/05/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 801 N. TR 2398 (Oliphant Rd.) ~1/8-1/4 mile TR ~200' on left S. R. No. _____

SUBDIVISION NAME Eastridge LOT NO. 2 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 near road Yes (✓) No ( )

Lot Area 20000 ft²+

Character & Porosity of Soil shallow clay

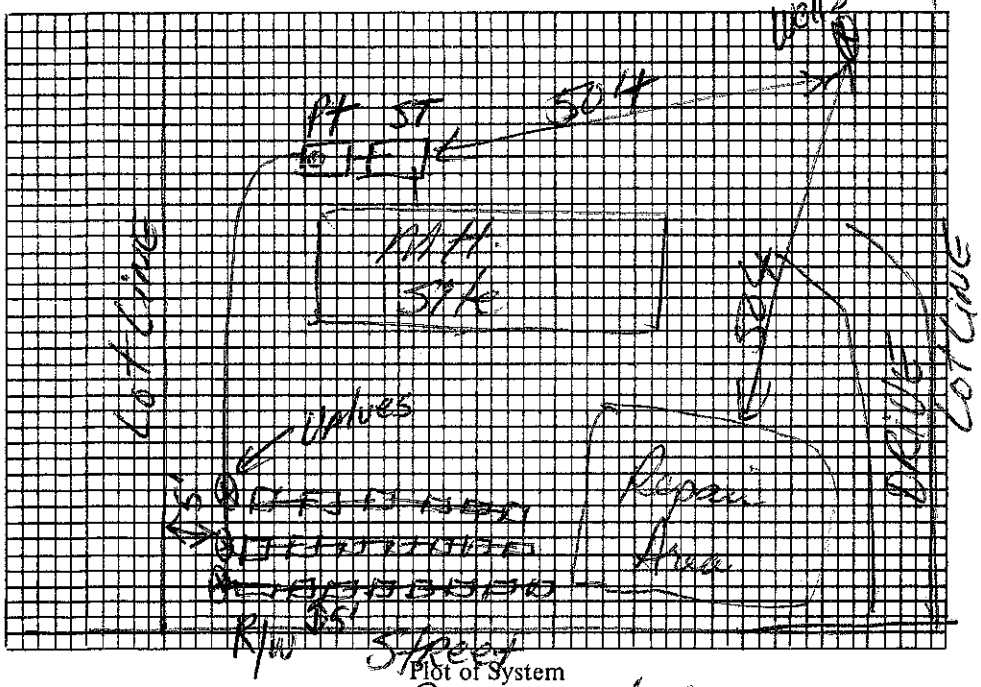
Percolation Rate 4

Topography 2% near street

Depth to Water Table 47+

Rock or other impervious formations saprolyte increasing 24"+

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

1000 gal pump tank

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines _____ Sq. Ft. _____ Linear Ft. 150' of 16" T&J panels

Depth of Stone in Lines _____

Water Supply: Individual (✓) pressure dosed

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY David R. Harmon, RS.

COMMENTS: Panel drainfield must be installed shallow (24" MAX to bottom of ditch) Follow contour. Modify surface drainage to go around area of sewage system.

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