1:30

IREDELL COUNTY HEALTH DEPARTMENT

1429

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Eastridge Assoc. DATE 6/8/90 PERMIT NO. IN1-C-7

PHONE: Business _____ Home _____

LOCATION Eastover Drive

S. R. No. _____

SUBDIVISION NAME Eastridge LOT NO. 7 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other System to serve 3 Bdr House in future

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	PS clay No 4
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	
Auto. Dishwasher	Yes ( )	No (✓)		Topography	5-10% + 3'
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	
Site ~~Suitable~~ PS	Yes ( )	No ( )		Rock or other impervious formations	Sap @ 36"

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 FT

Size of Tank 1000 Gals.

Nitrification Field:

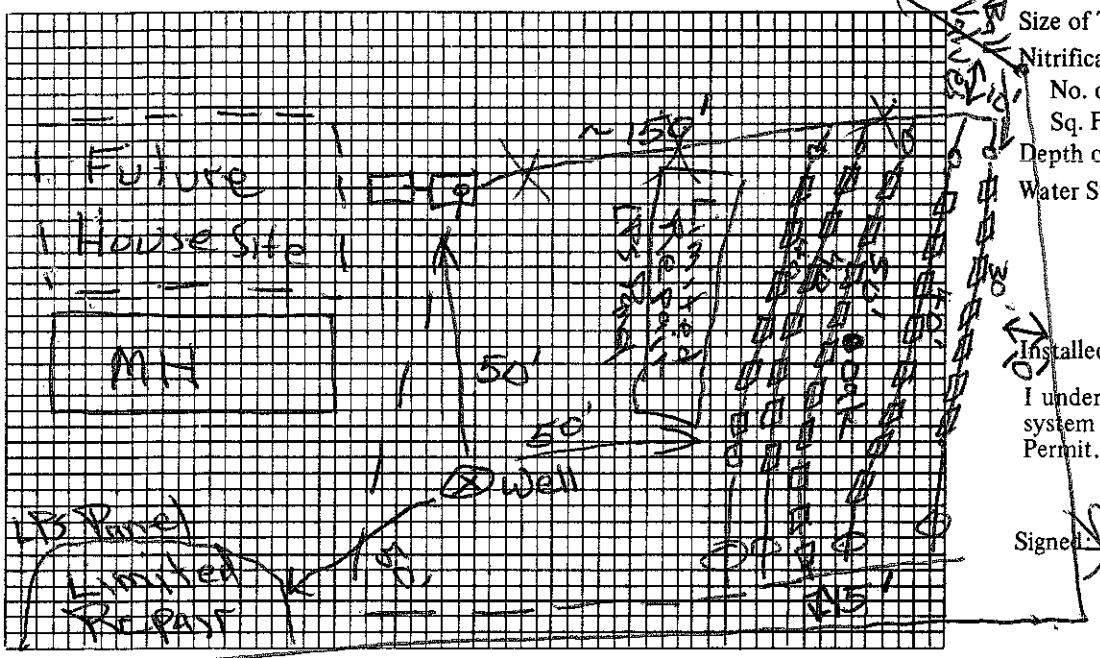
No. of Lines 5

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16"

Water Supply: Individual (✓) T+J

Public ( ) Panel



Plot of System

Installed by _____

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

Signed _____

Eastridge M.

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: 20 gpm 26' TDH 1-5/32" Hole per panel ~150'
Sch 40 2" supply line 1¼" Lateral
Lots
4-5-6+7 Combined
6/26/90 Change in Supply Line Route ~250'

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