2:00

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 Lake Const. Co., Inc. DATE March 9, '89 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 1365 TR Hunter Lane near end on Right

______ S. R. No. ______

SUBDIVISION NAME Hunter Woods LOT NO. 4 SECTION OR BLOCK NO. ______

House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 1½-2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area ~½ AC.

Character & Porosity of Soil Drainfield Area Clay

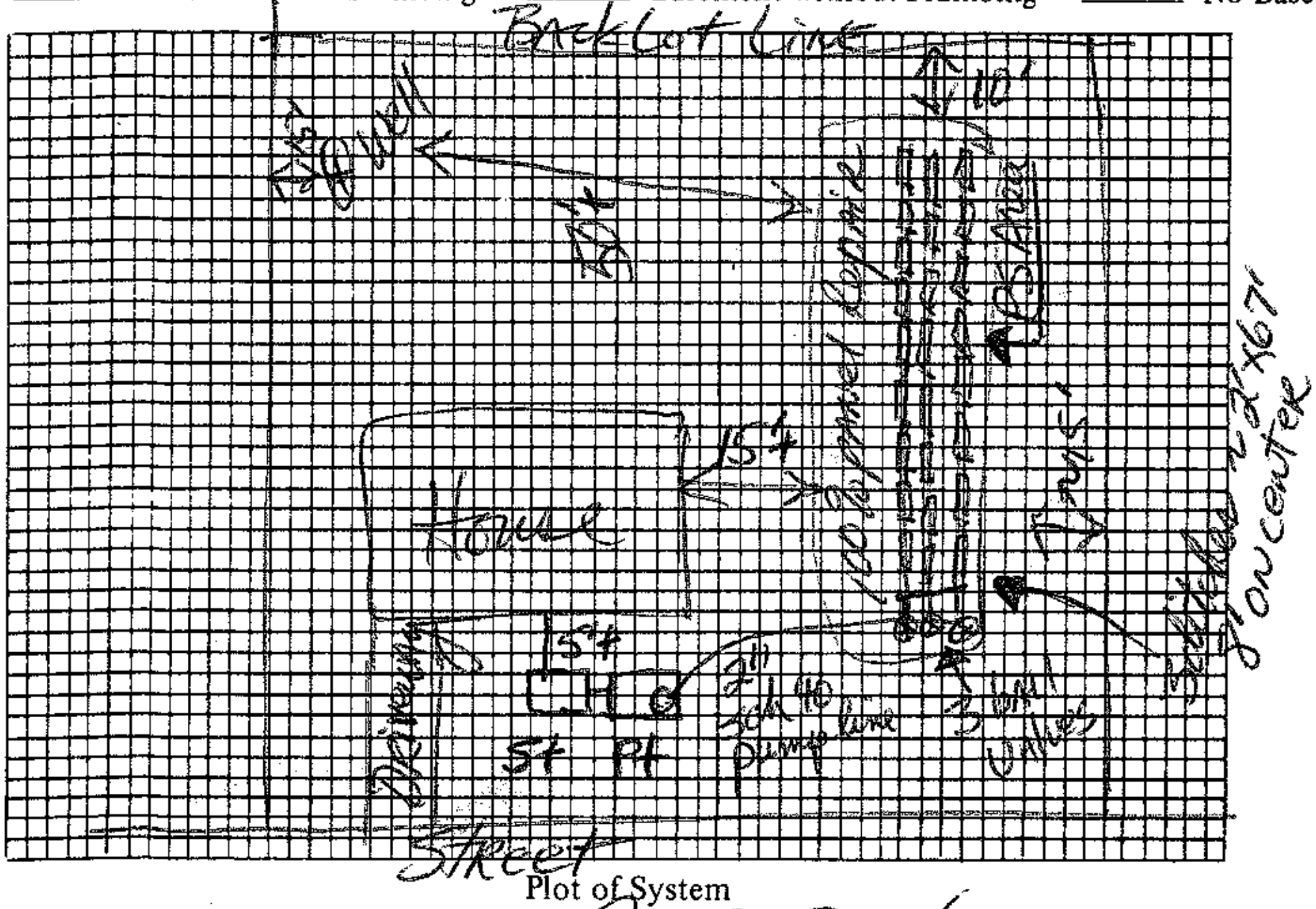
Percolation Rate ~c3

Topography gullied except drainfield area (~2%)

Depth to Water Table 44

Rock or other impervious formations none obs.

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

1000 pot.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. ______ Linear Ft. 200' 8'

Depth of Stone in Lines 16" fill

Water Supply: Individual (✓) panels

Public ( ) pressure dosed

Installed by ______

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

Signed Elizabeth A. Lawrence

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

COMMENTS: Trench bottom depth to be 30". One 5/32" hole per panel. Two foot pressure head per ditch. Pump specs ≥ 19 gal/min at Approx. 20' 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