09782

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 Dale Earnhardt DATE March 20, '89 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 136 S. on left past jct with SR1147 (Rocky River Rd.)

SUBDIVISION NAME ____ S. R. No. ____

LOT NO. ____ SECTION OR BLOCK NO. ____

House ( ) Mobile Home ( ) Business (✓) Other Race Car Shop < 10 employees

No. Bedrooms ____ No. Bathrooms 1

	Yes	No
Garbage Disposal Unit	( )	(✓)
Auto. Dishwasher	( )	(✓)
Auto. Wash. Machine	( )	(✓)
Site ~~Suitable~~ ES	( )	( )

Lot Area acreage

Character & Porosity of Soil clay

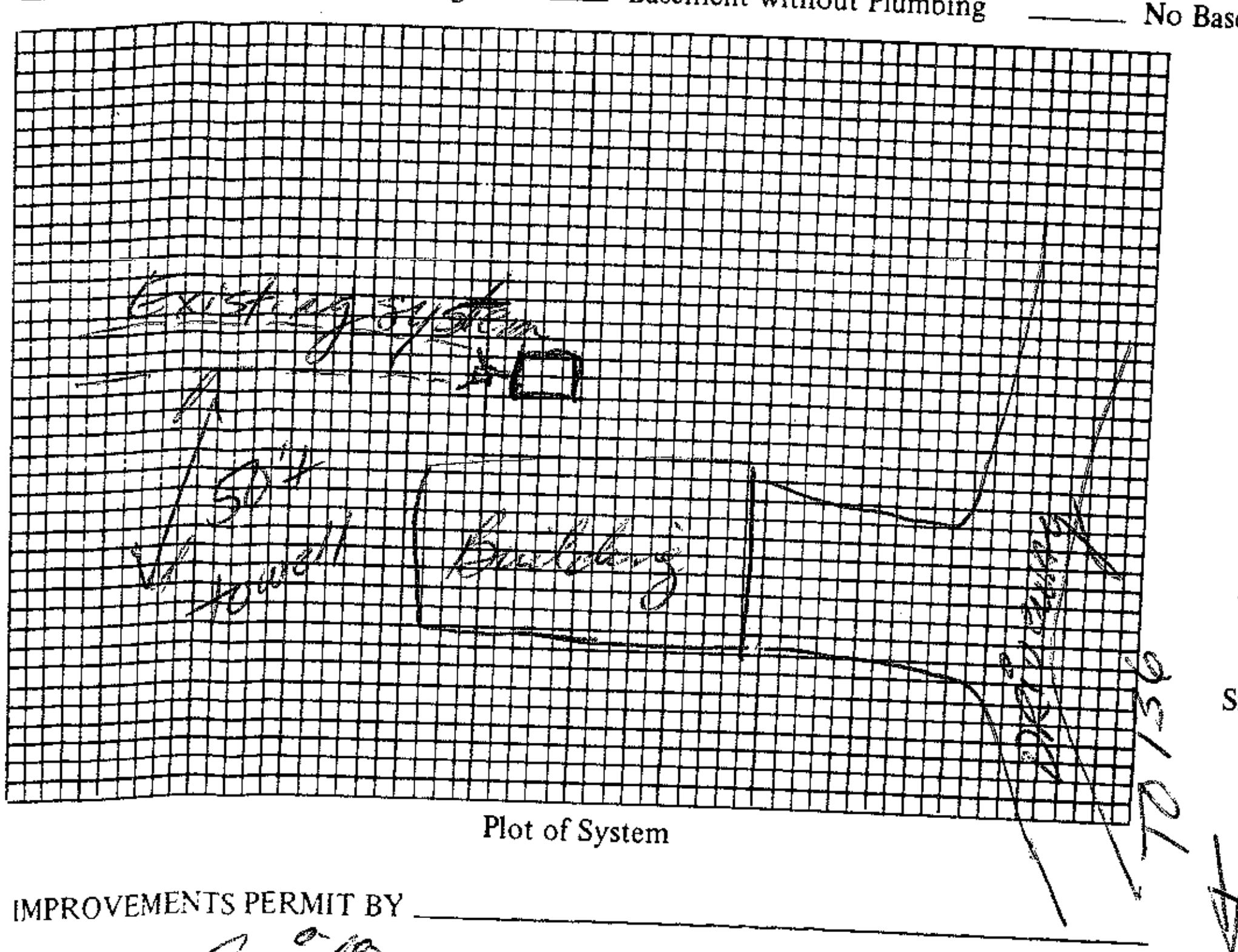
Percolation Rate ~.3

Topography 6-10%

Depth to Water Table 4'+

Rock or other impervious formations some obs.

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines ~12"

Water Supply: Individual (✓) Public ( )

Installed by Owner

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: Existing sewage system showing no sign of malfunction at time of inspection. (System was installed without permit and inspection). It was uncovered last week. Tank was checked and four spots on each line. System was determined to be adequate at this time.

CERTIFICATE OF COMPLETION BY ____ DATE ____

EXISTING SYSTEM CHECKED BY: D.R. Havens, RS. DATE 3-20-89

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