9607

IREDELL COUNTY HEALTH DEPARTMENT

4677-48-7175

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Joseph J. Pruett DATE 6/15/89 PERMIT NO. 19C

PHONE: Business _____ Home 663-2433

LOCATION 150 East TL Oak Meadow; 4th lot on left

SUBDIVISION NAME Oak Meadow LOT NO. 5 S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other _____ SECTION OR BLOCK NO. IN-8-A-5

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay

Percolation Rate .35gpd/ft2

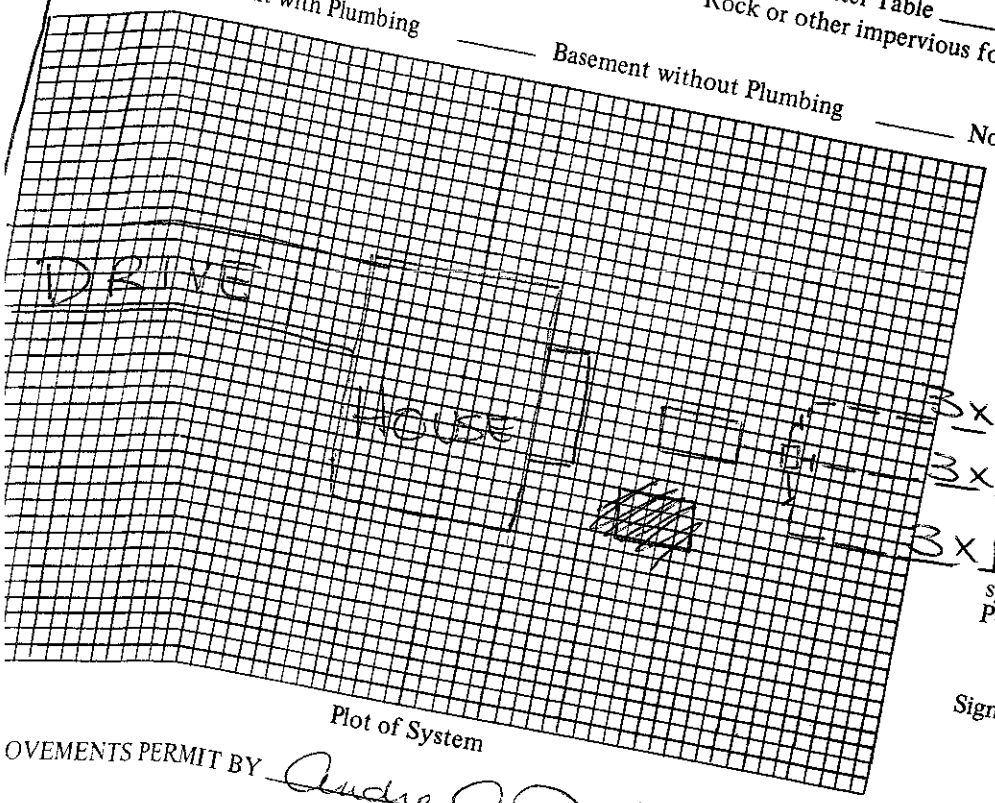
Topography 20%

Depth to Water Table 4ft+

Rock or other impervious formations none obs

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035+ Linear Ft. 345'+

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by Donald Lackey

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

Signed: _____

OVEMENTS PERMIT BY Andre C. Queen RS

IENTS: _____

CATE OF COMPLETION BY _____ DATE _____

G SYSTEM CHECKED BY: Andre C. Queen, RS DATE 6/15/89

NSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

OID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making nts Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Co...