08227.

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 IKE SLAUGHTER DATE 11-18-91. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Mendo Rd. from Old Mtn. Rd. - go nearly to end T.L. into dev. - stay on main rd. - near end on R. S. R. No. _____

SUBDIVISION NAME HERONWOOD DEV. SEC. III, LOT NO. 2. SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2-4

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 42,031 sq. ft.

Character & Porosity of Soil Prev. Suitable.

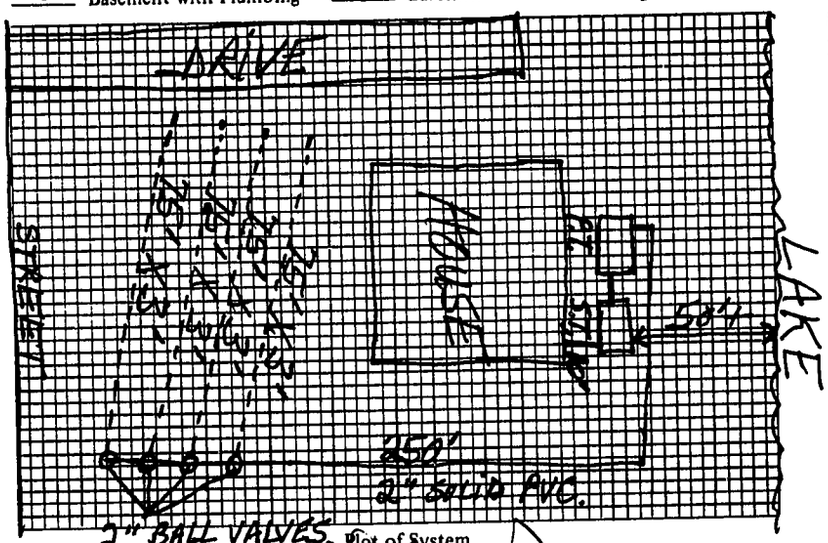
Percolation Rate 4 gal./sq. ft.

Topography 6-18%

Depth to Water Table 18"

Rock or other impervious formations none observed.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1500 & 1250 PUMP TANK. Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

CONVENTIONAL SYSTEM INSTALLED.

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: 1.5" diameter pipe in drain line trenches. Pump & valves & drain lines checked on 5-14-90.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-18-91.

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