4730-70-9716
~~4730-60-4807~~

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 Steve Talley DATE 7/24/89 PERMIT NO. 18A

PHONE: Business _____ Home 663-7410

LOCATION 150W. TR Perth Rd. TL Shady Cv. TL Alfara. On R ~½ way S. R. No. _____

SUBDIVISION NAME Shady Cove, ~~Sec II~~ LOT NO. 32 SECTION OR BLOCK NO. 2

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

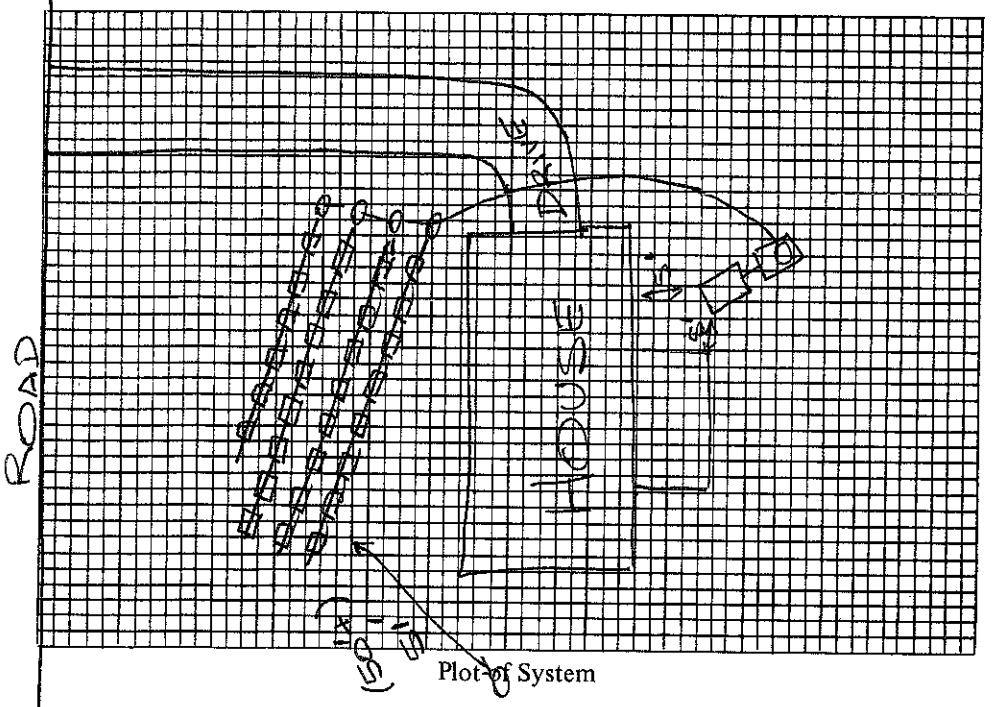
No. Bedrooms 3 No. Bathrooms 2

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 .35 gpd/ft²
Topography 10%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



PT: 1000
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 180' of
Depth of Stone in Lines 16" Trench
Water Supply: Individual (✓) 5 panels
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrea C. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrea C. Pierce, R.S. 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

9970

IREDELL COUNTY HEALTH DEPARTMENT

18A

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Steve Talley DATE 5/22/89 PERMIT NO. 18A

PHONE: Business _____ Home 663-7410

LOCATION 150 W. TR Perth Rd. TL Shady Cove TL Alfara On R. ~ ½ way. S. R. No. _____

SUBDIVISION NAME Shady Cove, Sec. III LOT NO. 32 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

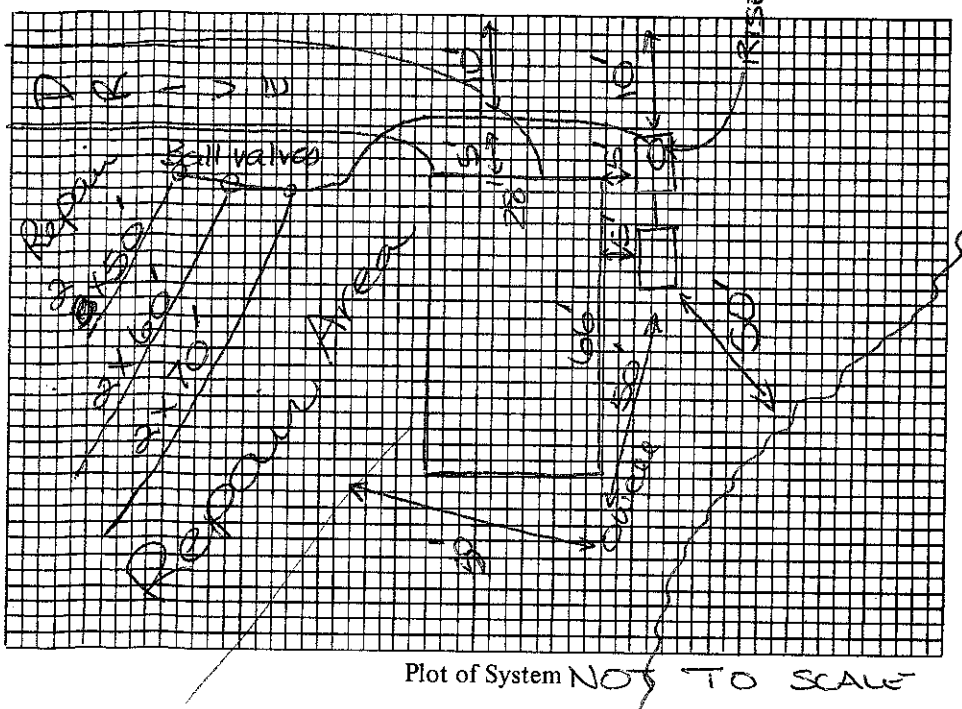
Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 20000 ft²

Character & Porosity of Soil Clay
Percolation Rate 35 gpd/ft²
Topography 10%
Depth to Water Table 4'+
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

P.T.: 1000 gals.



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 180' of
Depth of Stone in Lines 16" T & J
Water Supply: Individual (✓) panels
Public ( )

Installed by _____

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

Signed: [signature]

IMPROVEMENTS PERMIT BY Andre C Rene

COMMENTS: Keep well away from tanks & possible future Repair AREA! Set tanks 5' from house in line and run a 2" Sch. 40 PVC pumpline to field. Reduce to 1¼" pipe with a 5/32" hole / unit. 2' turnups at the end of each ditch in order to regulate field. High water alarm and float must be mounted before completion.

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

42 panels // Flow rate = 150 gal/dose / 17.22 gal/min / TDH = ~ 18.