09537

IREDELL COUNTY HEALTH DEPARTMENT

4751-70-9920

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Sebron Corp. DATE June 21, '90 PERMIT NO. 4K-2-A-9

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 1001 (Amity Ostwalt) TR 2378 (Overcash) TL into Windbrook 4th end S. R. No. _____

SUBDIVISION NAME Windbrook LOT NO. 9 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~~ PS * Yes (✓) No ( )

Lot Area 1 Ac+ (limited usable drainfield area)

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

DRAINFIELD AREA

Character & Porosity of Soil ps clay

Percolation Rate ~3

Topography 6-8%

Depth to Water Table 4'

Rock or other impervious formations none obs.

1000 p.T.

Size of Tank 1000 Gals.

Nitrification Field:

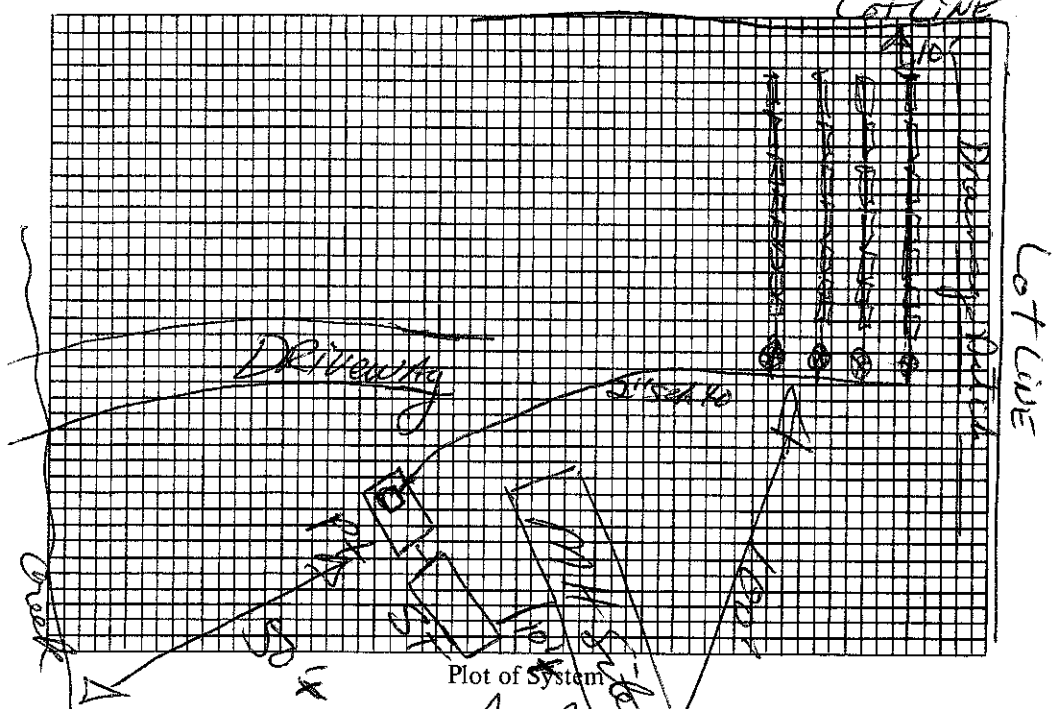
No. of Lines 4

Sq. Ft. _____ Linear Ft. 200' ±

Depth of Stone in Lines 16" Ja panels

Water Supply: Individual (✓)

Public ( )



Installed by Dellinger Grading

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

well site (well not shown)

Alarm tested; system dosed by portable generator

CERTIFICATE OF COMPLETION BY DH Thomas EHS DATE 6-21-90

(Permit)

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