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 Sebran Corp DATE 5/1/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21-115 N. TR Amity-Ostwalt TR Overcash TL Windabrook Last lot on R (across creek) S. R. No. _____

SUBDIVISION NAME Windabrook LOT NO. _____ SECTION OR BLOCK NO. 4K-2-A-9 Barringer

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 (silty) and shallow soil

Percolation Rate ≈3 gpd/ft²

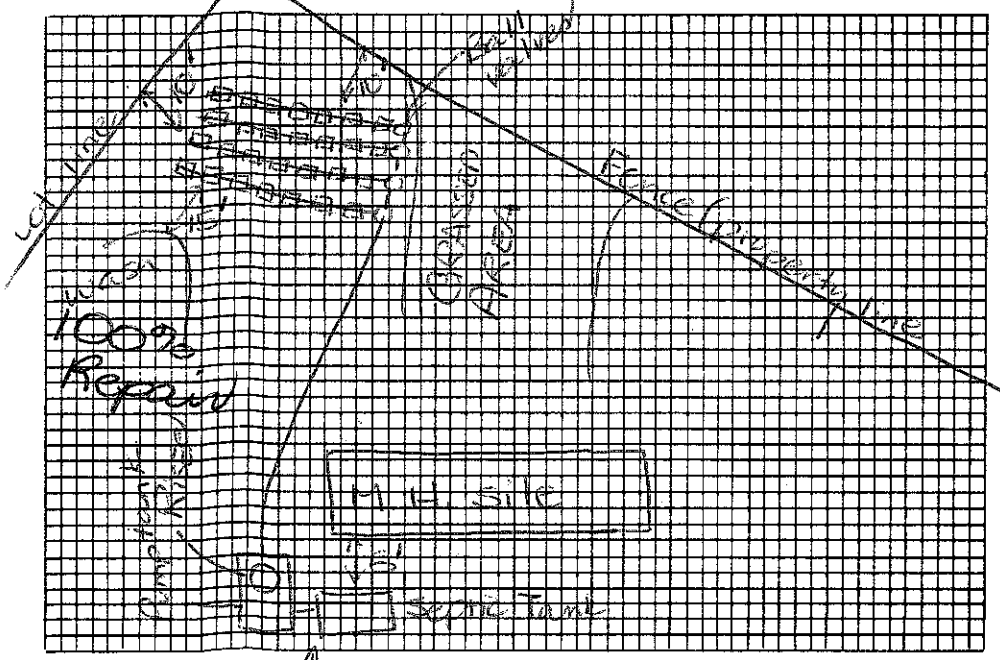
Topography 10%

Depth to Water Table 4'+

Rock or other impervious formations none

(*) Avoid fill AREAS.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement Pump Tank: 1000 gal



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public ( )

Installed by _____

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

Signed James J. Barkley

IMPROVEMENTS PERMIT BY Andie C. Rena

*Keep initial system uphill near lot corner as much as possible.

46 panels

COMMENTS: Install drainline in small area in wooded area. Install drainline at shallow depth (4"-6" cover) Pump to field w/ Sch. 40 PVC 2" pipe Reduce to 1¼" pvc w/ 10 5/32" hole / panel.

CERTIFICATE OF COMPLETION BY Install a 2' turnup at the ~~end~~ of DATE each

EXISTING SYSTEM CHECKED BY: ditch. System must be regulated with 2' of DATE pressure

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. head before completion certificate is issued. High water alarm must also be installed and functional.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Pump specs: Flow rate: 18.9 gal/min. Total dose = 165 gal/dose. Cycle = 9 min. TDH = 25'