12464

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 Tharpe Co Inc. DATE 2-21-91 PERMIT NO. 11E-A-192

PHONE: Business 872-5231 Home ____

LOCATION 64E TL on old mocksville Rd Past Davis Hospital 1/4 mi on left. S. R. No. ____

SUBDIVISION NAME ____ LOT NO. ____ SECTION OR BLOCK NO. ____

House ( ) Mobile Home ( ) Business (✓) Other Expanding with modular unit + Existing building 36 employees

No. Bedrooms ____ No. Bathrooms ____

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 14

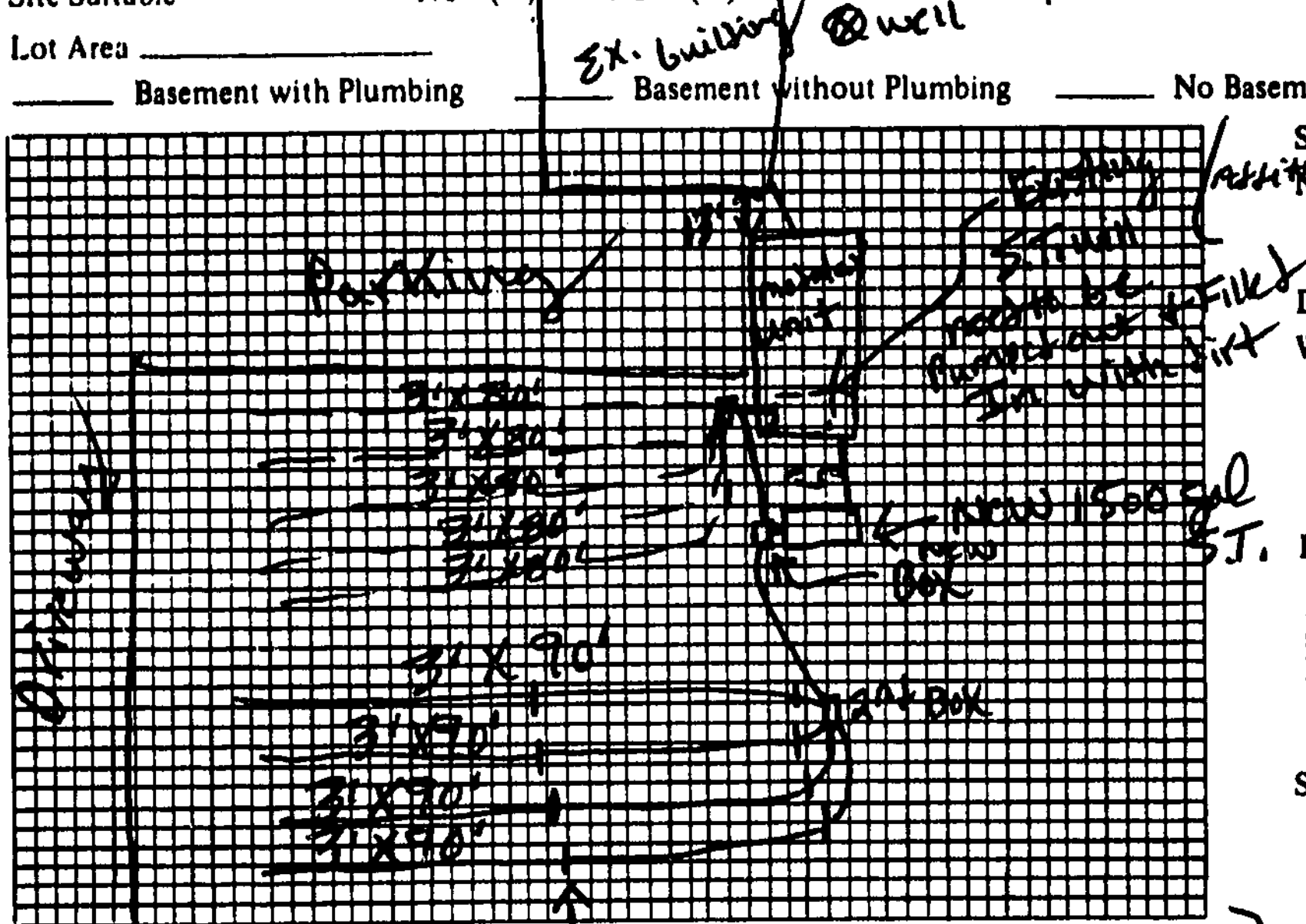
Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

Lot Area ____

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System (Step downs in Each line)

Size of Tank Set New 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by ____

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

Signed: [signature]

Existing Lines + New lines will yield 760 Linear'

IMPROVEMENTS PERMIT BY L.C. Moore

COMMENTS: * use minimum 3" sch 40 Solid line from Distribution boxes to Drain lines original System was designed for 20 Employees Additional System will take care of 36 Employees

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