IREDELL COUNTY HEALTH DEPARTMENT

13982

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

OWNER OR CONTRACTOR LINDA Y. LAYFIELD DATE 3/5/92 PERMIT NO. 16G-A-101

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS RD, TL EUREKA SPRINGS, TR GURNEY ROAD, 1ST DRIVE ON (R) 2ND MH ON (R) S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area 220' x 300' CONVENTIONAL REPAIR ✓

Character & Porosity of Soil PS
Percolation Rate .35GPD / FT2
Topography 6-8% 2S
Depth to Water Table 54"
Rock or other impervious formations SCATTERED SMALL ROCK

TP 12/13/91

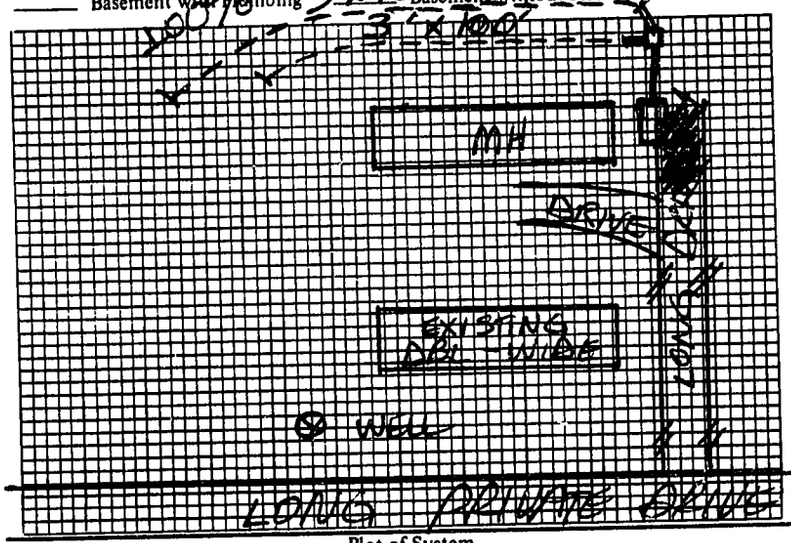
_____ Basement with Plumbing 3' x 130' _____ Basement without Plumbing _____ No Basement

100% = 3' x 100'

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"

Water Supply: Individual (✓) WELL
Public ( ) NEXT DOOR



Plot of System

Installed by KEITH SPEECE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: 100% REPAIR AREA IS CONVENTIONAL GRAVITY FED WITH APPLICATION RATE OF ~ 0.35 GPD/FT2

CERTIFICATE OF COMPLETION BY STEVE HEDRICK 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