08833

4636-83-0185

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 Don Newton DATE March 15, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 (Cowhusband) TR Spring Run Drive ~500' on left

S. R. No. _____

SUBDIVISION NAME "The Blinds" (Leaf-Treat prop.) LOT NO. 8 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 20000 ft²

Character & Porosity of Soil clay

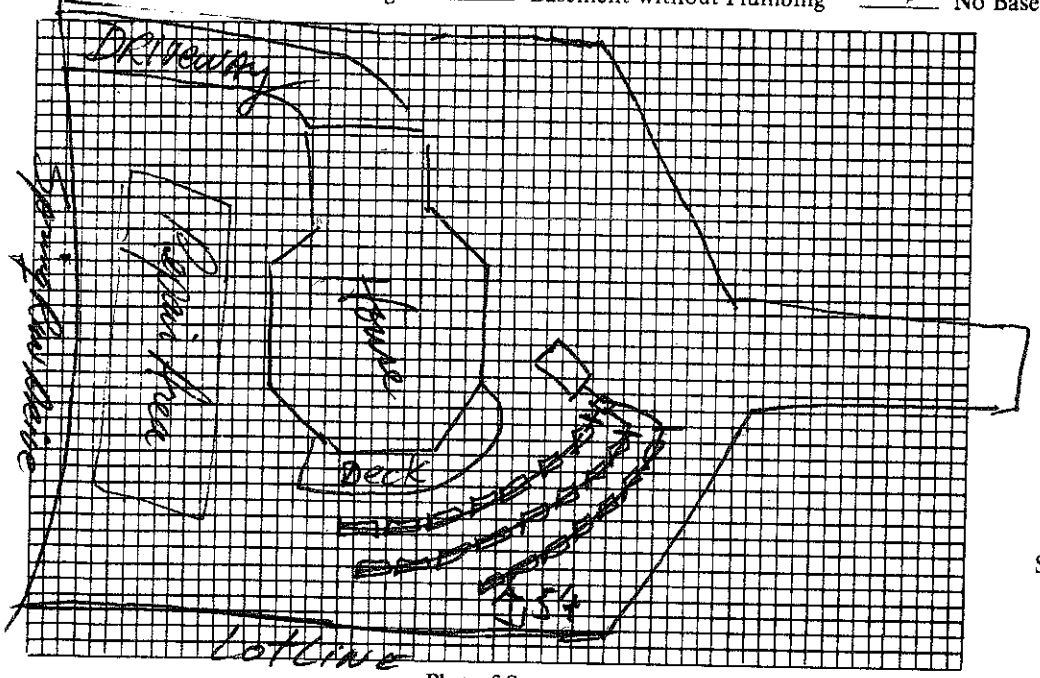
Percolation Rate .3-.4

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16"

Water Supply: Individual ( ) CW Public (✓) gravity flow

Installed by Mike League

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 3-15-89

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

08833

2-2-88

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 Don Newton DATE May 27, '88 PERMIT NO. 21-A

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 TR Spring Run Drive 300' on left

SUBDIVISION NAME "The Blinds" Leaf-Trent LOT NO. 8 SECTION OR BLOCK NO. _____ S. R. No. _____

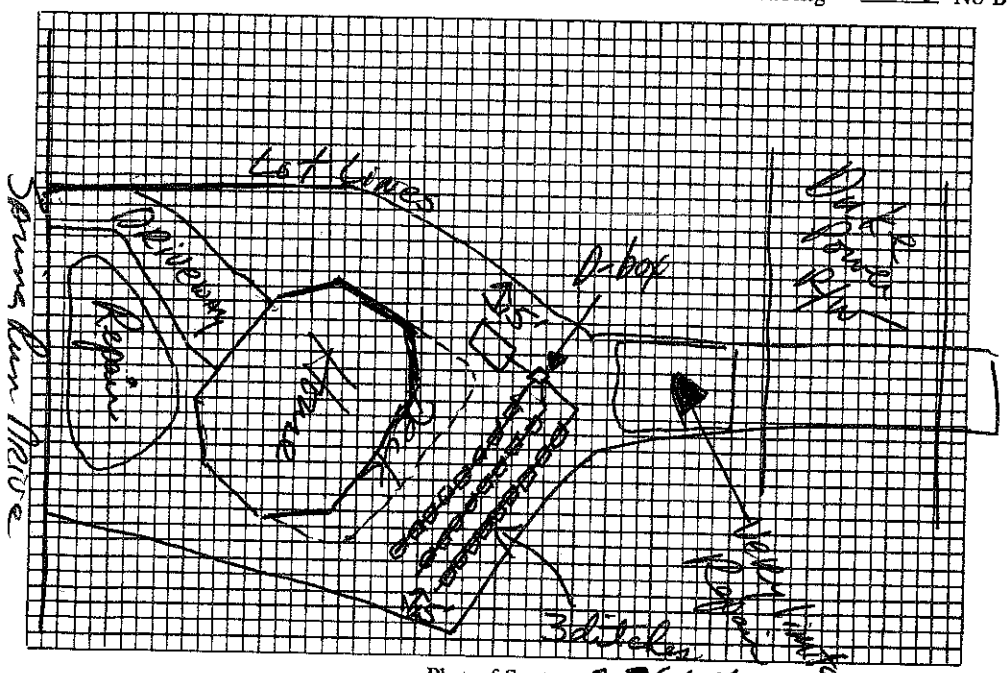
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ RS Yes (✓) No ( )
Lot Area 20000ft² (very limited space)

Character & Porosity of Soil clay
Percolation Rate .3-.4
Topography 4-6%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System ~3 X 67' panels

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines ~3
Sq. Ft. _____ Linear Ft. 200' of
Depth of Stone in Lines 16" T&J
Water Supply: Individual ( ) Public (✓) Community Well
panels gravity-flow

Installed by _____

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

Signed: ✓ Don Newton

IMPROVEMENTS PERMIT BY David R. Lyons, RS.

COMMENTS: Install drainfield on contour and with 6" cover over panels. Use 4" sch 40 out of D-box at least 2 feet or more then reduce to 2" at panels. Use speed levelers in D box.

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