8279

4636-83-3061

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 AEW Inc. DATE Sept 15, 89 PERMIT NO. 2 Br-20-A-3

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 (Cannaskeda) TR Spring Landing Dr. 3rd lot on left S. R. No. _____

SUBDIVISION NAME "The Blinds" at Mallard Head LOT NO. 3 SECTION OR BLOCK NO. _____

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

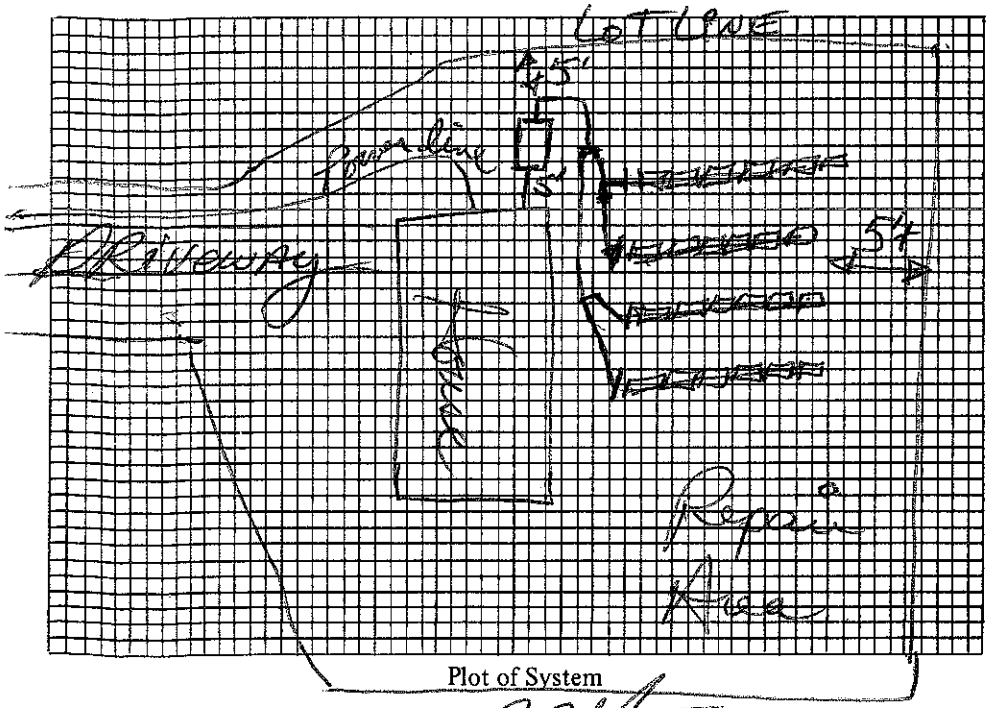
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20000 ft²

Character & Porosity of Soil clay
Percolation Rate no 3
Topography 2-6%
Depth to Water Table 4'
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16" Trench
Water Supply: Individual ( ) panels GF
CW Public (✓)

Installed by Dobson

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

RTIFICATE OF COMPLETION BY _____ DATE 9-15-89

STING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making vements Permit.

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

0827 9

2:00

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 AEW INC. DATE Feb 1, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 400 ft SR 1179 (Conwasback) TR Spring Run Drive 3rd lot on left

S. R. No. _____

SUBDIVISION NAME "The Blinds" at Mallard Head LOT NO. 3 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~~/S Yes (✓) No ( )

Lot Area 26000 ft²

Character & Porosity of Soil clay

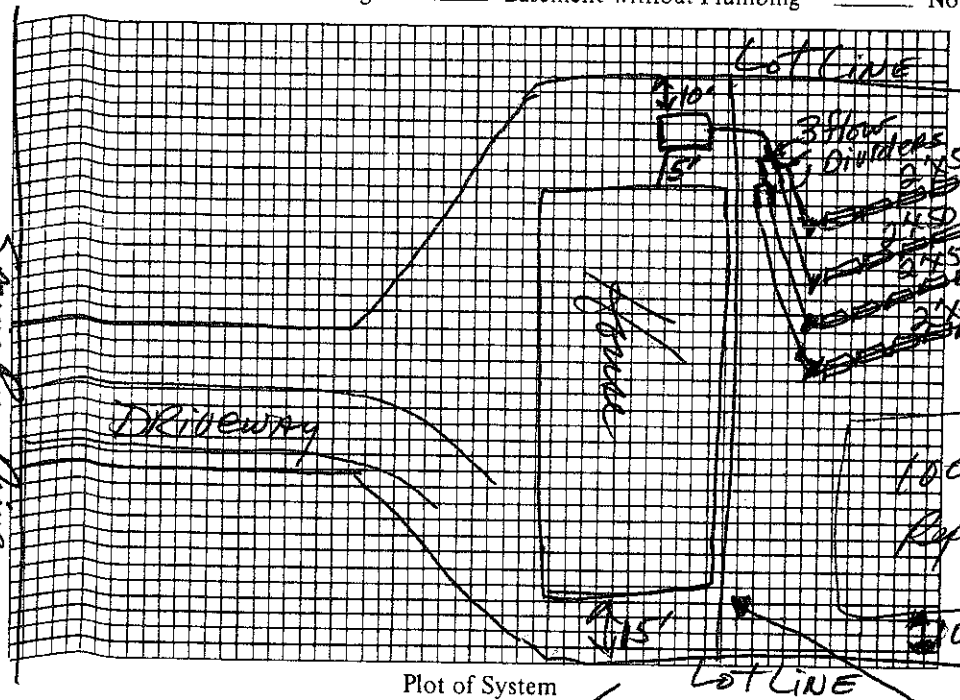
Percolation Rate 2 & 3

Topography 2-6%

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 4

Sq. Ft. _____ Linear Ft. 200'+

Depth of Stone in Lines 16"+

Water Supply: Individual ( ) panels

Public (✓) CW

Installed by _____

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

10'+ Lot Line

Signed: ~~X~~ _____

Transmission line Right of Way

IMPROVEMENTS PERMIT BY J K Hensin, PS

COMMENTS: Tank must be set as shown. Only drainfield allowed in transmission line right of way. Use 4" Sch 40 from tank to 3 flow dividers and from flow dividers to panel ditch and then use 4:2 reducers. Follow contour with drainfield. 30" Trench bottom depth. Provide good surface drainage around system area.

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