4637-01-9312
182 Beaten Path Rd.

IREDELL COUNTY HEALTH DEPARTMENT

12644 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR C E Saintsing Jr. DATE 12/12/91 PERMIT NO. 2L-A-42

PHONE: Business _____ Home 892-0036

LOCATION Beaten Path, 1100 TR on Blume Rd, TL on Beaten Path ~.7 mi on (R)

S. R. No. _____

SUBDIVISION NAME C L & T LOT NO. 1 SECTION OR BLOCK NO. _____

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

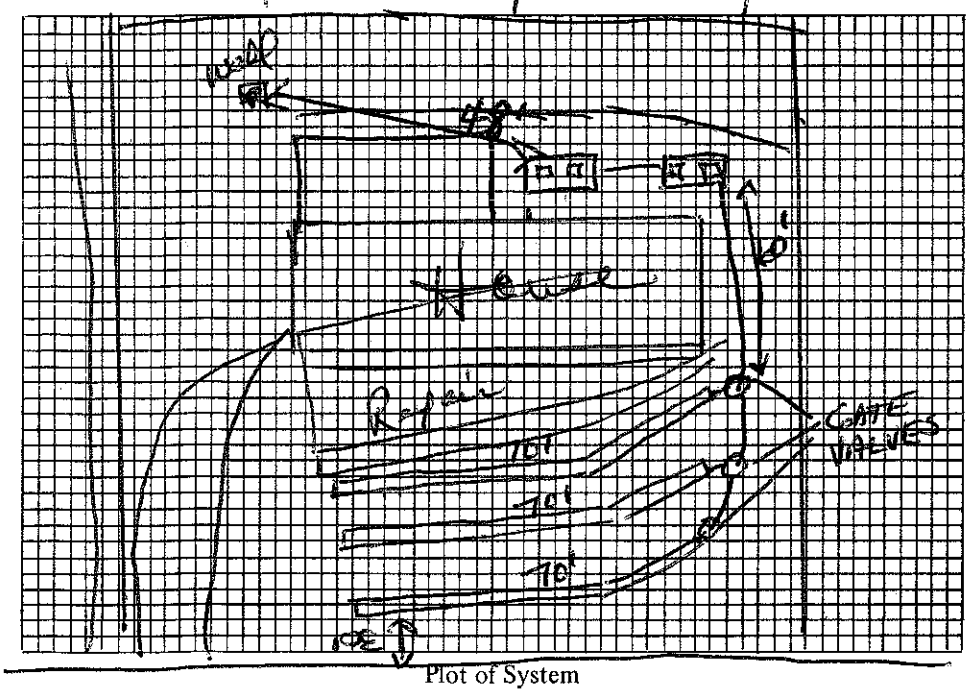
No. Bedrooms 4 No. Bathrooms 2.5

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

Character & Porosity of Soil P c - sac (sl)
Percolation Rate 4
Topography 3-9%
Depth to Water Table >48"
Rock or other impervious formations None observed

Lot Area .517 AC

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

1500 S/T
Size of Tank 1000 P/T Gals.

Nitrification Field:
No. of Lines 3(E) 70' X 24"
Sq. Ft. _____ Linear Ft. 210
Depth of Stone in Lines 6" SAND
Water Supply: Individual (✓)
Public ( )

Installed by Nelson Hathcock

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Trenches deeper than 36" due to all the excess dirt piled up in front yard -- Level down to finish grade of 36" to trench bottom. Both tanks sealed to water tight -- leak tested

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/17/91

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

24:00

IREDELL COUNTY HEALTH DEPARTMENT

12644 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR C E Saintsing Jr. DATE 10/29/91 PERMIT NO. 2L-A-42

PHONE: Business _____ Home 872-0036

LOCATION Beaten Path, Brawley Sch. TR on Blume TL on Beaten Path, ¼ mile on (R)

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 1 SECTION OR BLOCK NO. _____

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

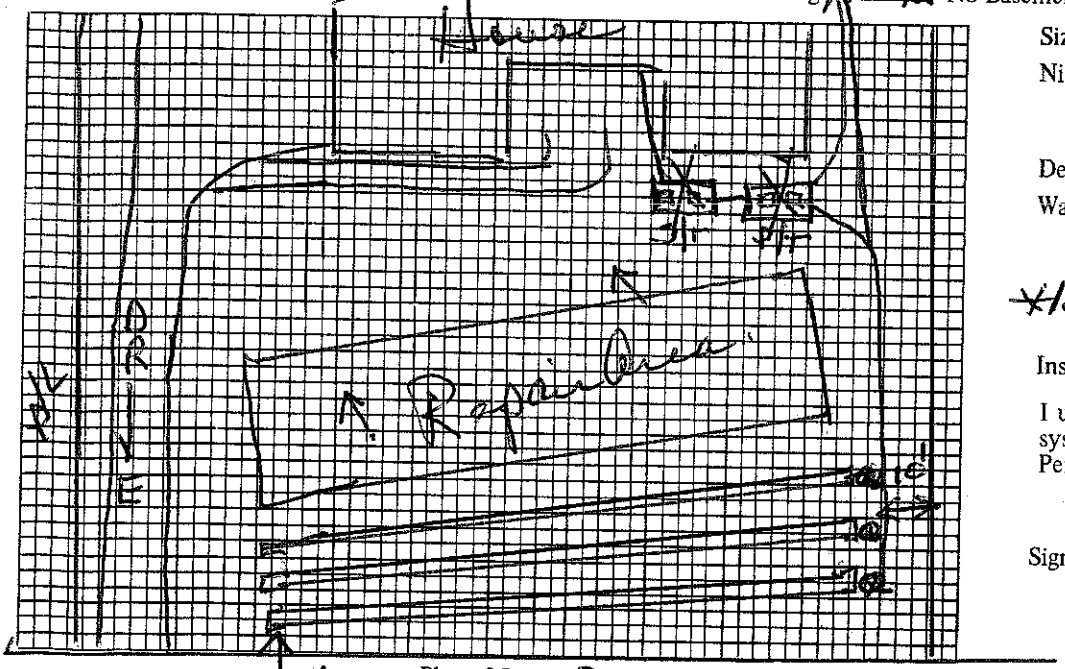
No. Bedrooms 4 No. Bathrooms 2.5

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

Character & Porosity of Soil P-C-SC (sl)
Percolation Rate .4
Topography 3-6%
Depth to Water Table >48"
Rock or other impervious formations None found

Lot Area .517 AC. WELL

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System BEATEN PATH

Size of Tank 1000 - Pump Tank
1000 - Septic Tank Gals.

Nitrification Field:
No. of Lines 3 @ 70' x 2'
Sq. Ft. _____ Linear Ft. 210 x
Depth of Stone in Lines 16" SAND UNDER PANELS

Water Supply: Individual (✓)
Public ( )

x 16" Prefabricated Permeable Panel Block System

Installed by _____

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

Signed: x Connie Saint Sing

IMPROVEMENTS PERMIT BY Wesley Sparks RS.

COMMENTS: Pressure dosed panel system - gate valve at every lateral - check valve, globe valve, threaded coupling inside pump tank where it can be easily reached - 1½ PVC thru panels with 1 - 3/16" hole drilled in pipe per panel - 2' turnups on end of each lateral

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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