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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 Thomas S. Wilson DATE Aug 23, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. TL across from "Apple House" on Right

S. R. No. _____

SUBDIVISION NAME Spring Acres LOT NO. 6 SECTION OR BLOCK NO. _____

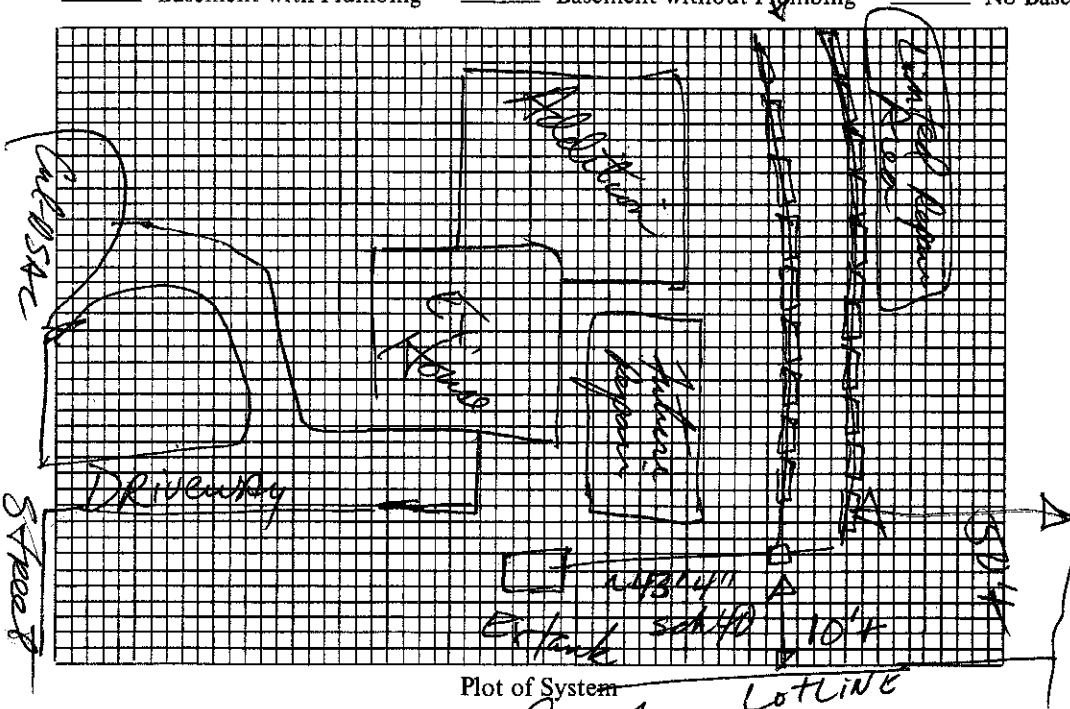
House (✓) Mobile Home ( ) Business ( ) Other Addition w/Addn.

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	No. 35-4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4ft
			Rock or other impervious formations	none obs.

Lot Area Existing (120000ft²)

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 170'

Depth of Stone in Lines 16"

Water Supply: Individual (✓) 6" panels

Public ( ) 6"

Installed by Richard Abernathy

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 8-23-89

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

08575

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 Thomas S. Wilson DATE April 8, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TC across from "Apple House" on Rt. _____ S. R. No. _____

SUBDIVISION NAME Spring Acres LOT NO. 6 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition of 1 bedroom, bath, deck

No. Bedrooms ~3 No. Bathrooms ~2

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

Area Existing

Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement

Size of Tank Existing Gals.

Nitrification Field:

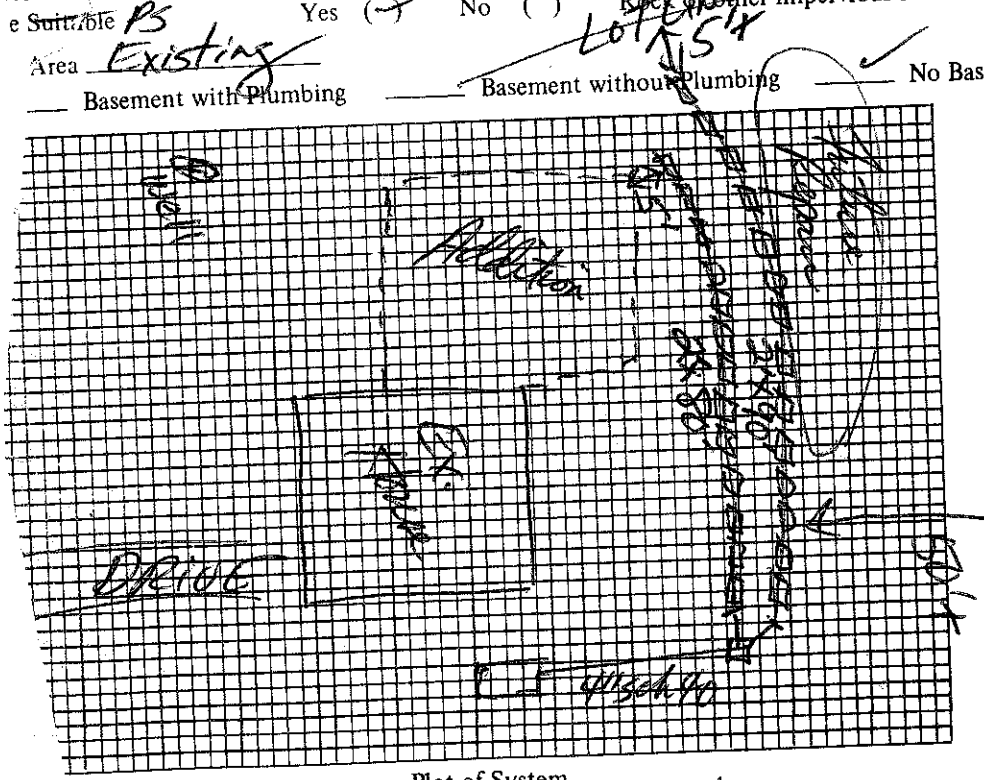
No. of Lines 2

Sq. Ft. _____ Linear Ft. 170'

Depth of Stone in Lines 16" to top of gravel

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by _____

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

Signed: X Thomas S. Wilson

IMPROVEMENTS PERMIT BY David C. Hunter RS.

COMMENTS: Replacing existing field to allow room for addition to house. Use 4" Sch 40 to new J-box. Follow contour. Keep trenches at a depth of 36" to bottom of ditch.

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