4637151033

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 William E. Heck DATE 5/26/88 PERMIT NO. _____

PHONE: Business _____ Home 365-4210-wk 542-1483-hm.

LOCATION 150 W. TL. McCrary TR Riverwood TL first Rd. On Left. S. R. No. _____

SUBDIVISION NAME CL and T LOT NO. 1156 SECTION OR BLOCK NO. 10

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

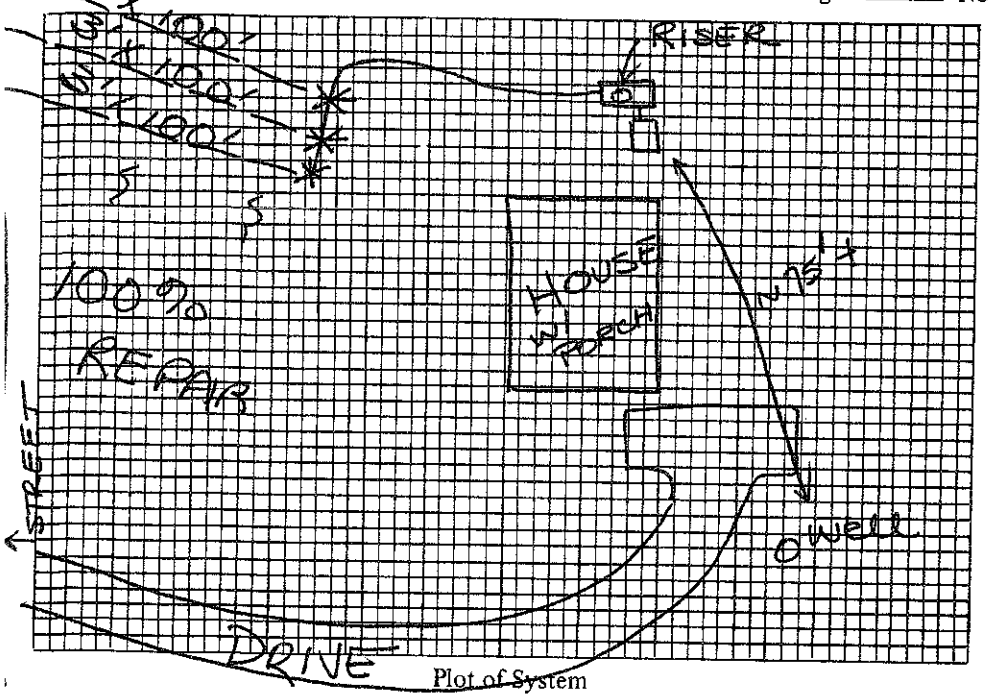
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey
Percolation Rate ~.4gpd/ft²
Topography ~690
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

3 Basement with Plumbing ____ Basement without Plumbing ✓ No Basement PT: 1000



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: System checked by D.R.H., R.S. Alarm checked by Andre C. Pierce 5/26/88 — OK.

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 5/26/88

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

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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 William E. Heck DATE 3/9/88 PERMIT NO. _____

PHONE: ~~Hm~~ Business 542-1483 ~~Wk~~ Home 365-4210

LOCATION 150 W TL McCrary TR Riverwood TL first road. On L.

SUBDIVISION NAME CL&T LOT NO. 1156 SECTION OR BLOCK NO. 10 S. R. No. _____

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

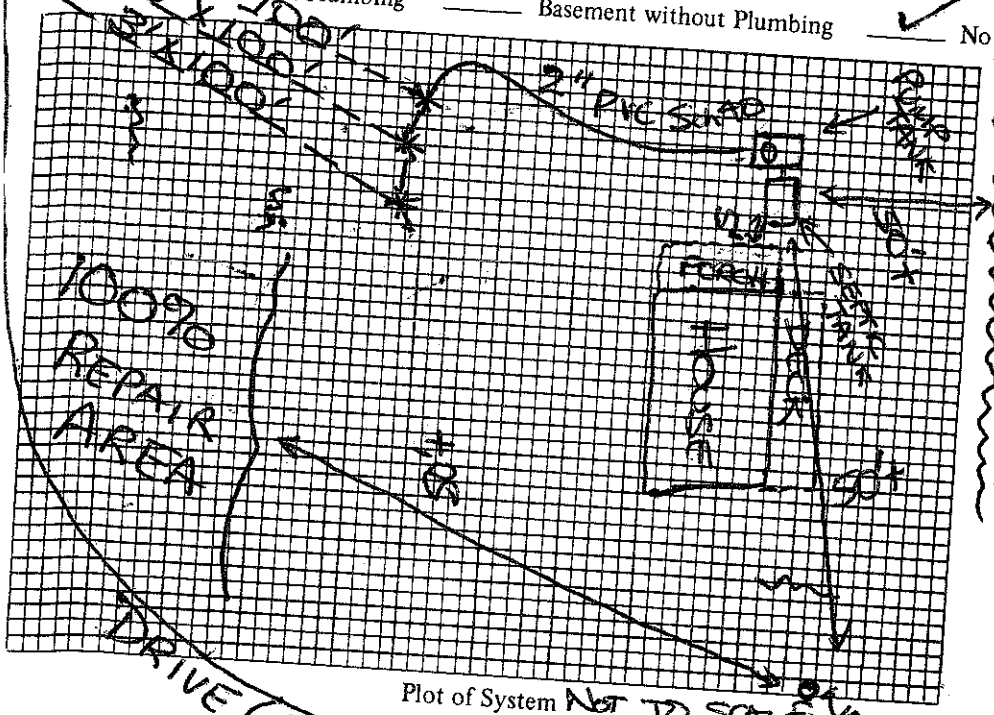
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey
Percolation Rate ~ Fast
Topography ~ 690'
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 1½-

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement Pump tank: 1000gals



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: X William E Heck

IMPROVEMENTS PERMIT BY Claude C Queen

COMMENTS: *SET TANK 5' off ANY STRUCTURE. Solid 2" PVC to conventional drainfield. 1½-1¼" solid pipe through gravel w/ 5/32" hole every 5' Dosing at ~ 24.6 gpm w/ Pump capable of ~ 17 TDH. (2' pressure head per ditch.) High water alarm shall be mounted and checked (in house) before final approval.

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