9949

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 Richard Fayko DATE Jan 3, '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. TR McCrary TR Riverwood at end
on left 377 RIVERWOOD RD. S. R. No. _____

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

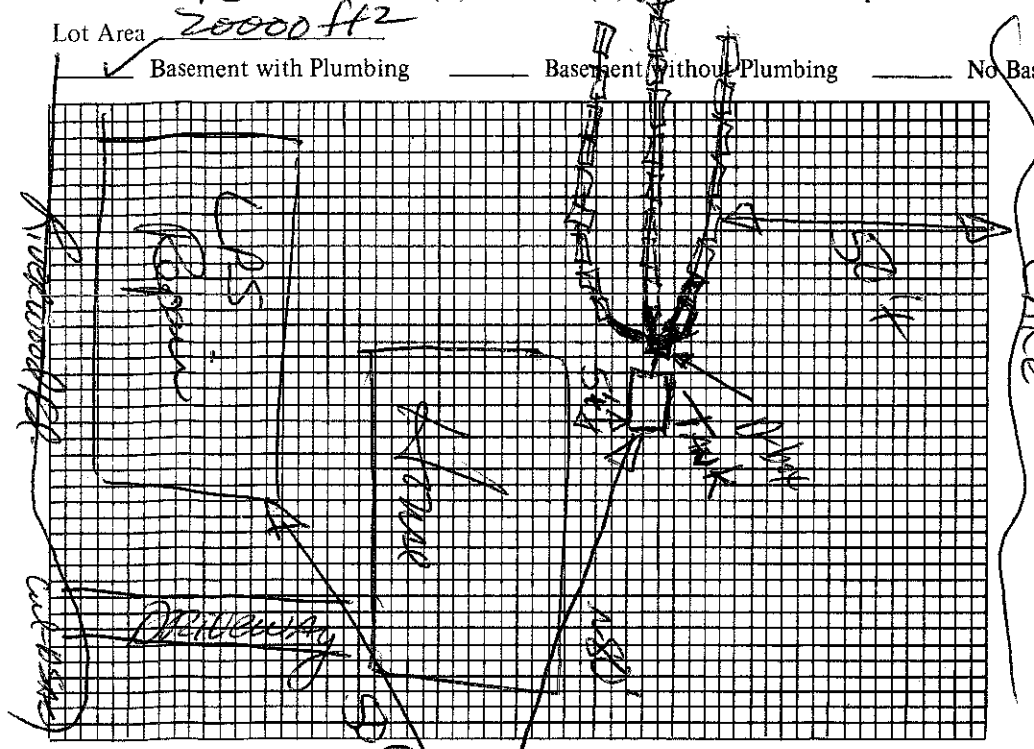
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil PS Clay
Percolation Rate 3-4
Topography 4 69 4
Depth to ~~Water Table~~ 49+
Rock or other impervious formations none obs.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200' of
Depth of Stone in Lines 16" ft
Water Supply: Individual ( ) panels
Public ( ) County flow

Installed by _____

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 Jan. 3, 90

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

9979

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 Richard G. Fayko DATE 5/30/89 ~~PERMIT NO.~~ 20B

PHONE: ~~Business~~ Wk: 875-5066 Home 664-7622

LOCATION 150 W. TL McCrary Rd. TR Riverwood next to last house on Left. S. R. No. ____

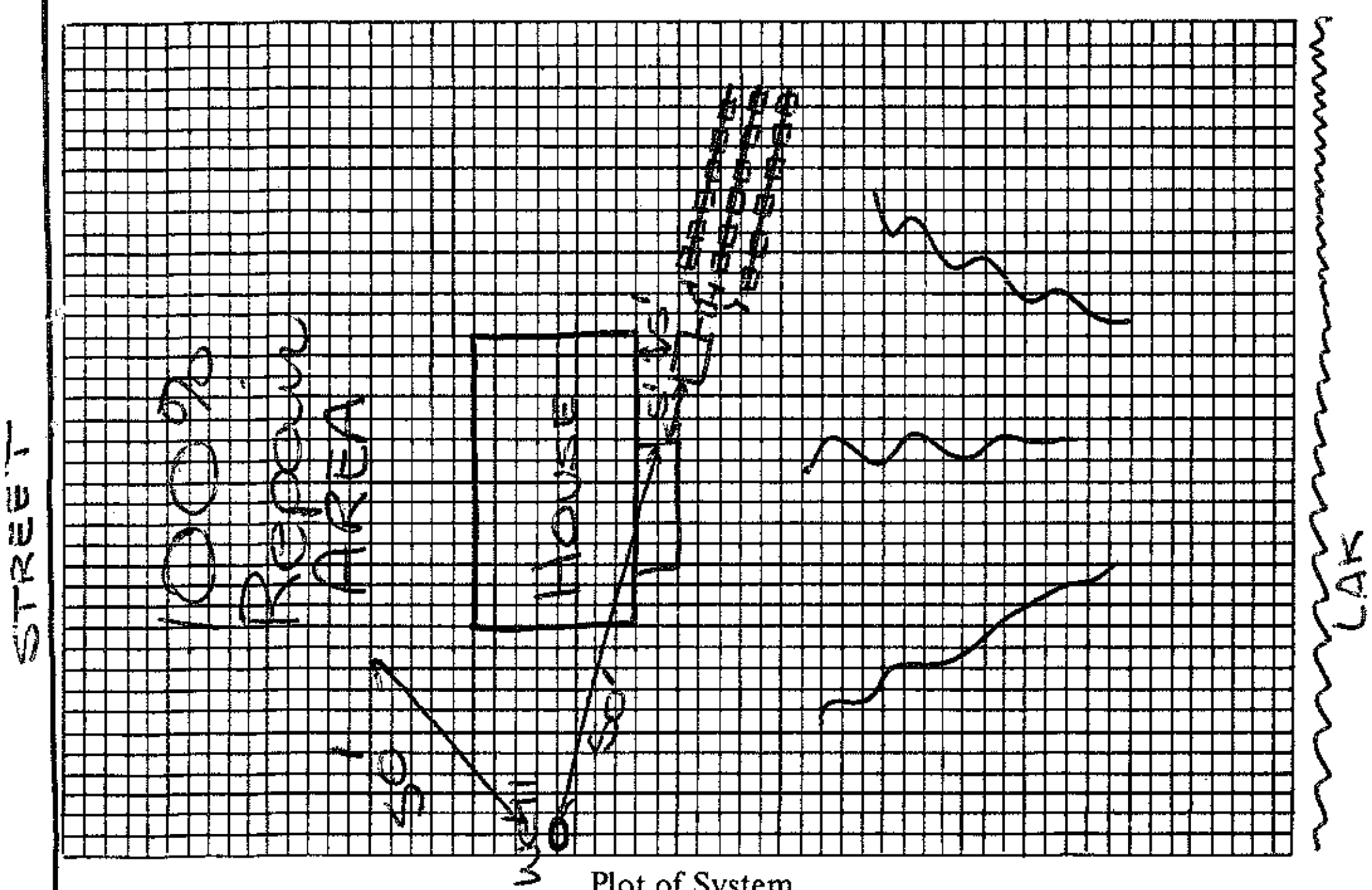
SUBDIVISION NAME ____ LOT NO. ____ SECTION OR BLOCK NO. ____

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

No. Bedrooms 3	No. Bathrooms 2		Character & Porosity of Soil	Clay
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	.4-.35 gpd/ft²
Auto. Dishwasher	Yes (✓)	No ( )	Topography	6%-8%
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	4'+
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	none observed

Lot Area 20000 ft²+

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3-4

Sq. Ft. ____ Linear Ft. 200' of

Depth of Stone in Lines 16" T and J panels.

Water Supply: Individual (✓)

Public ( )

Installed by ____

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

Signed: X [signature]

IMPROVEMENTS PERMIT BY Andre C. Pierce, R.S.

(*) MOVE HOUSE BACK 10-15' from lake

COMMENTS: Install drainfield at a shallow depth as specified by Statesville Concrete Products, the manufacturer. Lime ditches and run them on contour at a maximum depth of 28" to ditch bottom. If system cannot be installed at the desired depth, we will pump to area near the ROAD.

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.

Keep well 50' from System & repair area.

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

See enclosed letter