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IREDELL COUNTY HEALTH DEPARTMENT

11954

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

OWNER OR CONTRACTOR Ron W. Venable DATE 3/26/91 PERMIT NO. 2P-3-A-30

PHONE: Business _____ Home 919-766-4510

LOCATION Little Acorn Ln. / 150 W TL Dodie Rd TR Whippowill TL Little Acorn Ln. / 3rd lot on ®

S. R. No. _____

SUBDIVISION NAME Crescent Res Lake Norman LOT NO. 30 SECTION OR BLOCK NO. 10

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

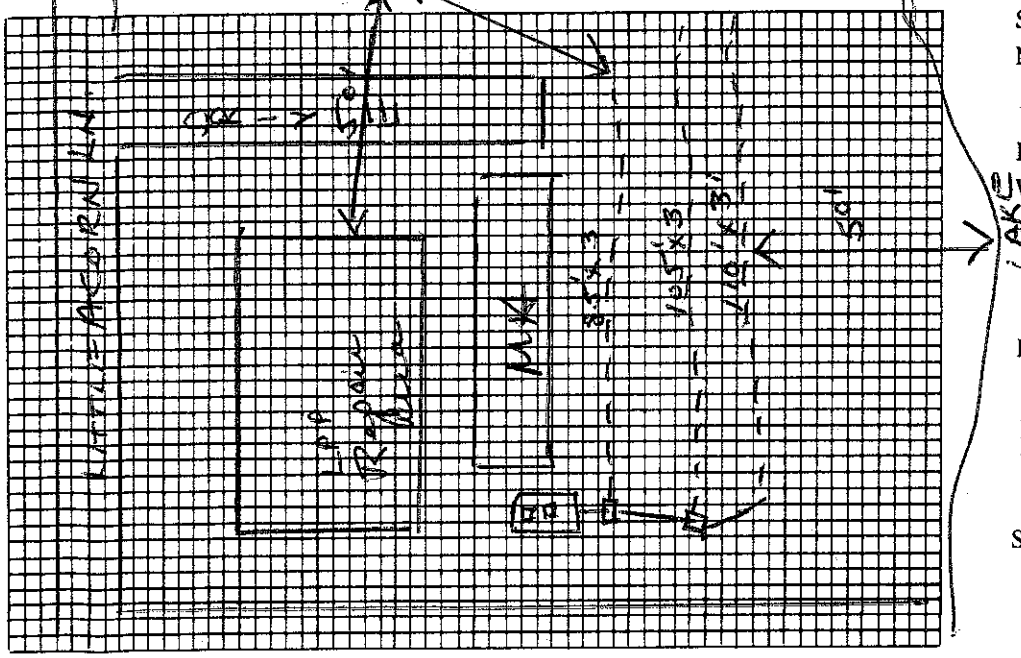
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil PS / Clay
Percolation Rate 4
Topography 6%
Depth to Water Table > 48"
Rock or other impervious formations none obs.

Lot Area 1/2 AC.

Basement with Plumbing ___ Basement without Plumbing ___ No Basement ✓



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 F J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS DATE 3/26/91

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

1"

1954

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 Ron W. Venable DATE March 14, 91 PERMIT NO. 2P-3-A-30

PHONE: Business _____ Home _____

LOCATION 150 W. TL Dodie Road TR Whippoorwill TL Little Acorn Ave 3rd lot on Right S. R. No. _____

SUBDIVISION NAME CRESCENT Res. Lake Norman LOT NO. 30 SECTION OR BLOCK NO. 10

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

from permit issued by SCI 9/90

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 ½-3/4 ac Wellsite

Character & Porosity of Soil PS clay

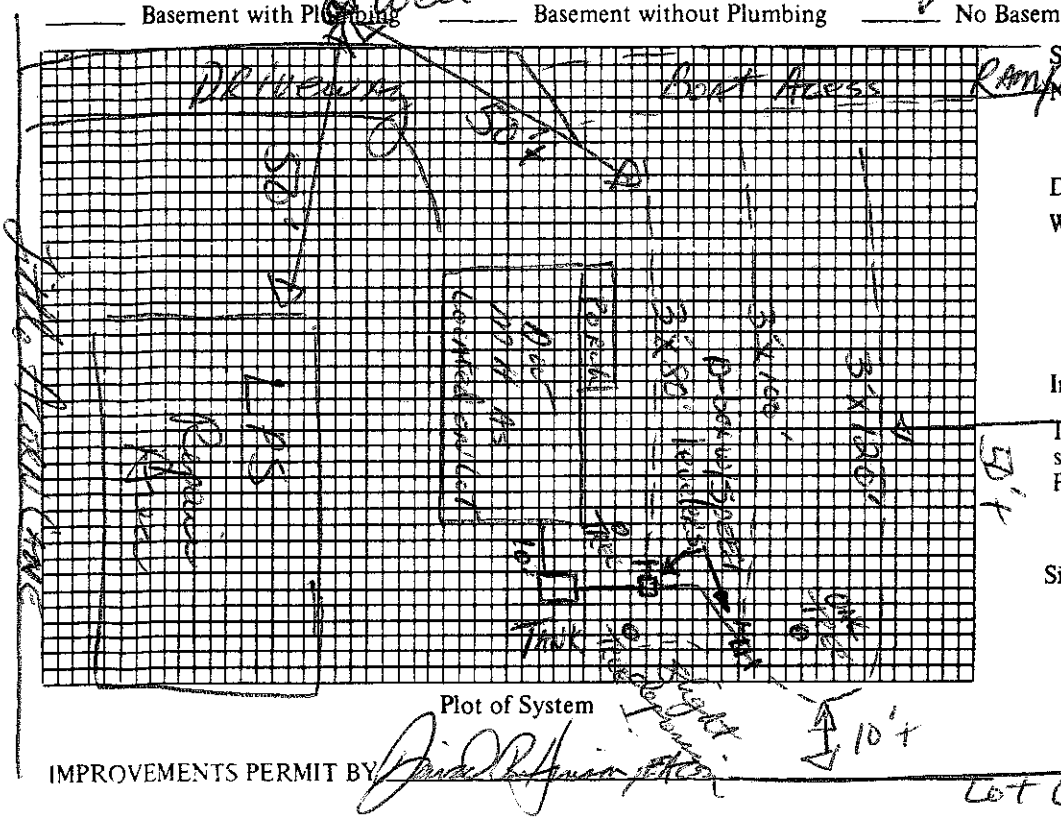
Percolation Rate 2.4 ✓

Topography rolling

Depth to Water Table 44

Rock or other impervious formations none obs

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



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: ✓ Ron W. Venable

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Relayout with repair area next to street in order to save trees along with upgrading to 3 bedroom capacity. Well must be located as shown. 36" max trench bottom on all drainlines.

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