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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mark Le Needham DATE Jan 11, '93 PERMIT NO. 2K-21-A-6

PHONE: Business _____ Home _____

LOCATION 1100 TR just past D & G Mart II 1st duplex on left

SUBDIVISION NAME Promenade Place / Peninsula Place S.R. No. _____

LOT NO. 4 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☐ Other Duplex Apt

No. Bedrooms TOTAL 4 No. Bathrooms 4

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~30,000 ft²

Soil Characteristics ps clay

Application Rate .3

Topography 2-4%

Depth to Water Table > 4'

Rock or other impervious formations NONE obs

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement (SHB) _____ Crawl Space

Size of Tank ~1000 1500 Gals.

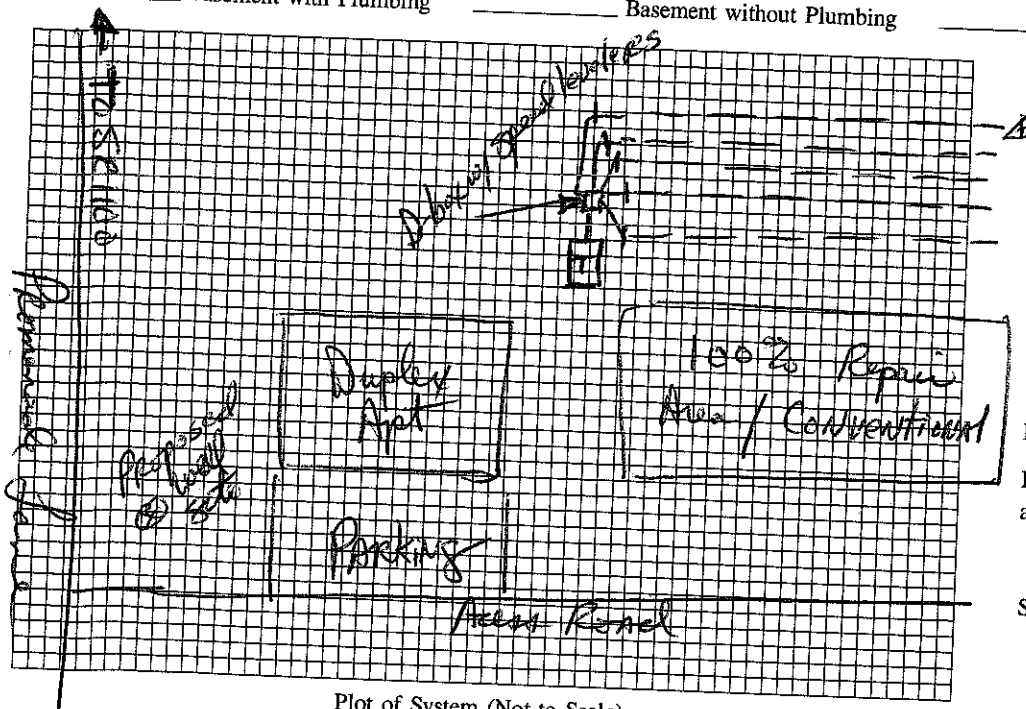
Nitrification Field:

No. of Lines 5

Sq. Ft. 1602+ Linear Ft. 534+

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

Installed by F J Ervin

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DRH

COMMENTS System wet due to rain. Lines pumped out. Well not installed on this lot.

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 1/11/93

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

13349

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 Mark L. Needham DATE Oct. 4, '91 PERMIT NO. 2K-21-A6

PHONE: Business _____ Home _____

LOCATION 1100 TR just past O&G Mart II on left

SUBDIVISION NAME Promenade Place S. R. No. _____

LOT NO. 4 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Duplex Apt. Total

No. Bedrooms 4 No. Bathrooms 4

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

Lot Area 30,000 ft²+

Character & Porosity of Soil fs clay

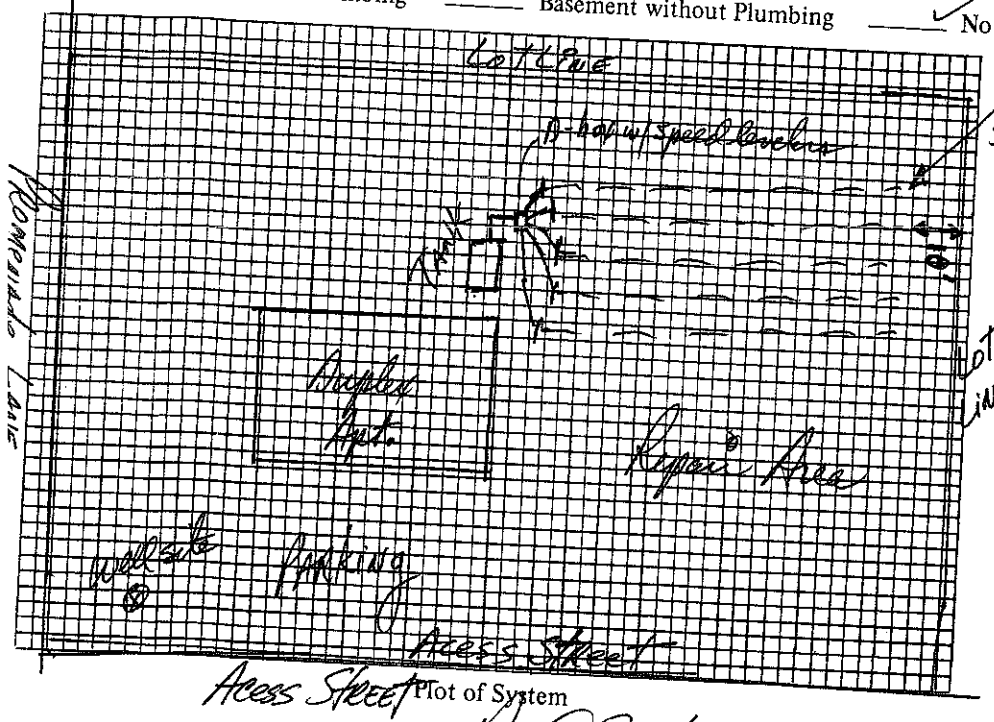
Percolation Rate 1.3

Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1602 Linear Ft. 534

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~~ H. C. Needham

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: Follow contour. 36" maximum trench bottom depth.

CERTIFICATE OF COMPLETION BY _____

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