R1F 82 115
Appeal

IREDELL COUNTY HEALTH DEPARTMENT 4638478621

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

OWNER OR CONTRACTOR J. Allen Stoycon DATE Jan. 26, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TR 1303 (Perth) TL Stumpy Creek TR Collinswood TR Folkstone ¼ mile on Rt. S. R. No. _____

SUBDIVISION NAME CLIFT LAKE NORMAN LOT NO. 1048 SECTION OR BLOCK NO. 14

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

No. Bedrooms 3 No. Bathrooms 3

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

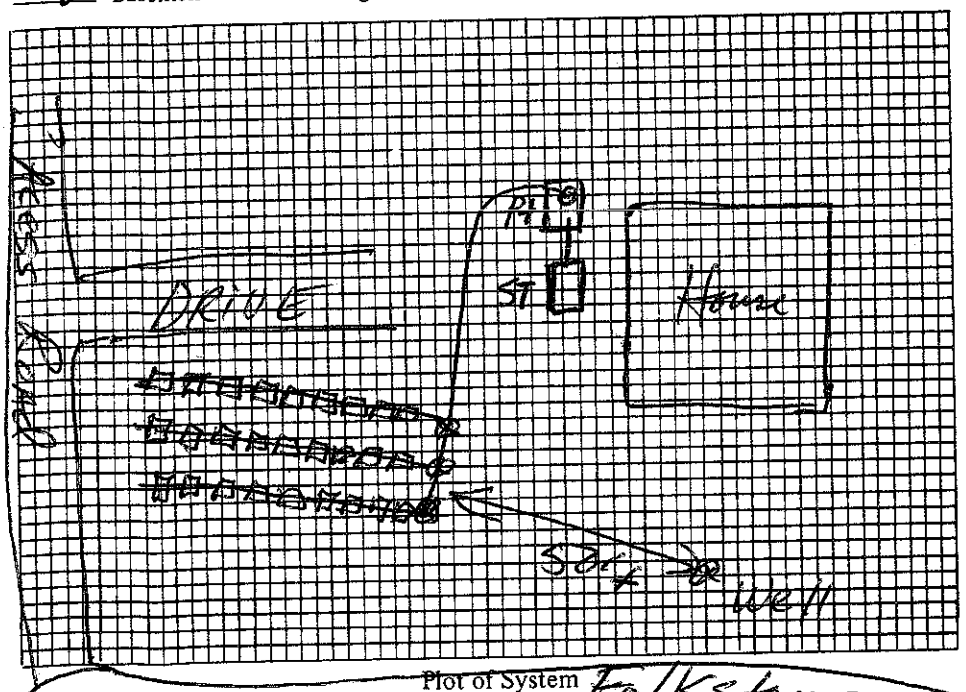
Character & Porosity of Soil clay
Percolation Rate 24
Topography 4-6% complex
Depth to Water Table 44
Rock or other impervious formations none obs.

Lot Area 1 Ac.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1000 gal pump tank
Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 150' ea
Depth of Stone in Lines 16" ea
Water Supply: Individual (✓) Public ( )
panels pressure-dosed



Plot of System Folkstone

Installed by Bob MacLeod Denver N.C.

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

Signed: _____

IMPROVEMENTS PERMIT BY KRS

COMMENTS: 3/4 H.P. pump used

CERTIFICATE OF COMPLETION BY D. K. Henson, R.S. DATE Jan 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

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 J. Allen Stoycon DATE 3/5/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150W, Rt on Perth, Lt on Stumpy Creek, Rt on Folkstone 1/4 mile on Rt

SUBDIVISION NAME CLT Lot 1048 Sect 14 LOT NO. 1048 SECTION OR BLOCK NO. 14 S. R. No. _____

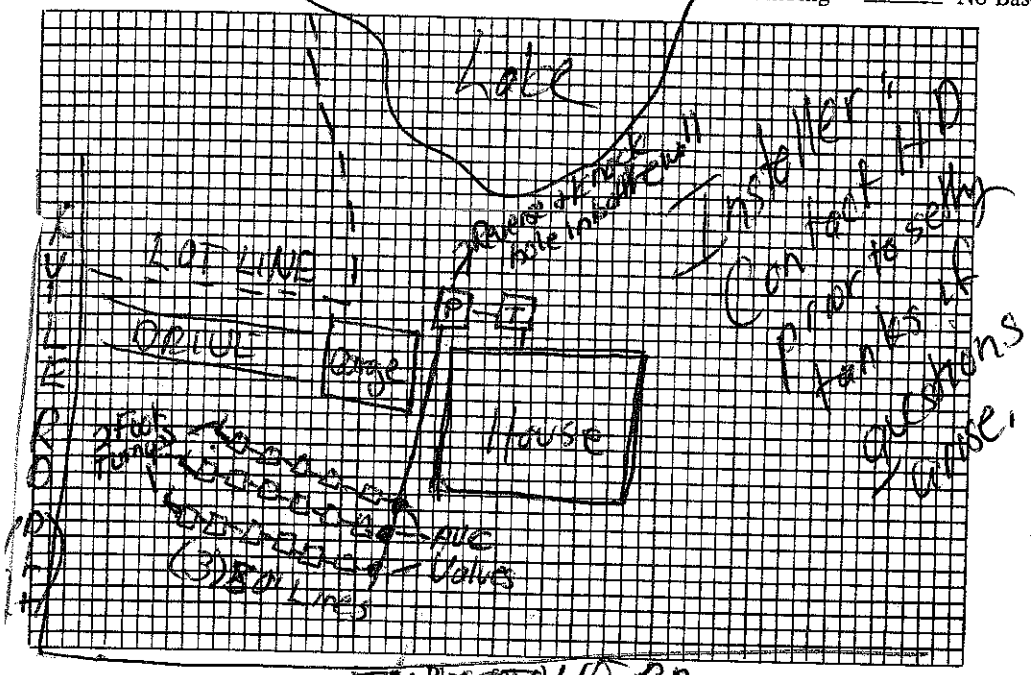
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	0.4 spd/in
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Complex, 4-6% in septic area
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	None noted

Lot Area .9 acre

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1250 Septic 1000 Pump Gals.

Nitrification Field: No. of Lines (3) 50' 16" TEJ Panels Sq. Ft. _____ Linear Ft. 150

Depth of Stone in Lines N/A

Water Supply: Individual (✓) Public ( )

Installed by _____

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

Signed: J. Allen Stoycon

IMPROVEMENTS PERMIT BY Todd Shelton RS

COMMENTS: Install Dosed TEJ Panel System using PVC valves to control flow to 2' residual Head. Use (3) 50' Ditches of 16" TEJ Panels with Schedule 40 PVC throughout w/ holes drilled to distribute flow throughout field. Use 1/2 HP pump. Use 2" schedule 40 PVC as manifold. Install High Water Alarm on separate circuit from pump w/ box mounted in house.

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