14847

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MARTHA KUKENDALL DATE 7/2/12 PERMIT NO. 2H-12-A-12

PHONE: Business _____ Home 537-6044

LOCATION PERRIN DR. TR OFF ALCOVE RD TO LOT ON (R) ~ 600' FROM INTERSECTION

SUBDIVISION NAME WATERS EDGE S.R. No. _____

LOT NO. 12 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 ☐

Lot Area 20,000 FT²

Soil Characteristics P - 51 C

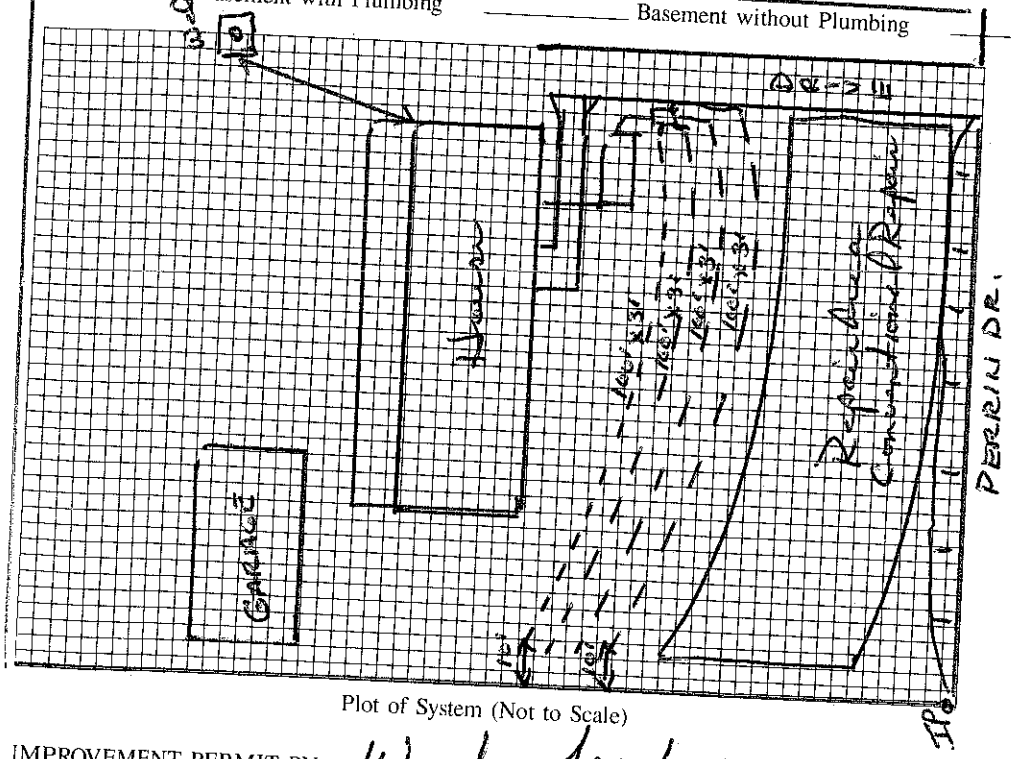
Application Rate P - .3 (LINE STRUCTURE 1 55)

Topography S - 270

Depth to Water Table S > 48"

Rock or other impervious formations S - NONE OBSERVED

☐ Basement with Plumbing ☐ Basement without Plumbing ☑ No Basement ☑ Crawl Space (SLAB)




Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ EXISTING WELL

Public ☐

Installed by _____

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

Signed: s/ Randy Kuykendall

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

IMPROVEMENT PERMIT BY Wesley Sparks RS,

COMMENTS Depth of trenches 36" depth to trench bottom. Lines on slope contour in direction shown - Lines must terminate 10' inside the (L) property line

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 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

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# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Martha Kukendall DATE 4/22/93 PERMIT NO. 2H-12-A12

PHONE: Business _____ Home 537-6044

LOCATION Perrin Dr; TR off Alcove Rd to first lot on ®

SUBDIVISION NAME Waters Edge LOT NO. 12 S.R. 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 ☐

Lot Area ~ 20,000FT²

Soil Characteristics P - c/Sa c TRANS

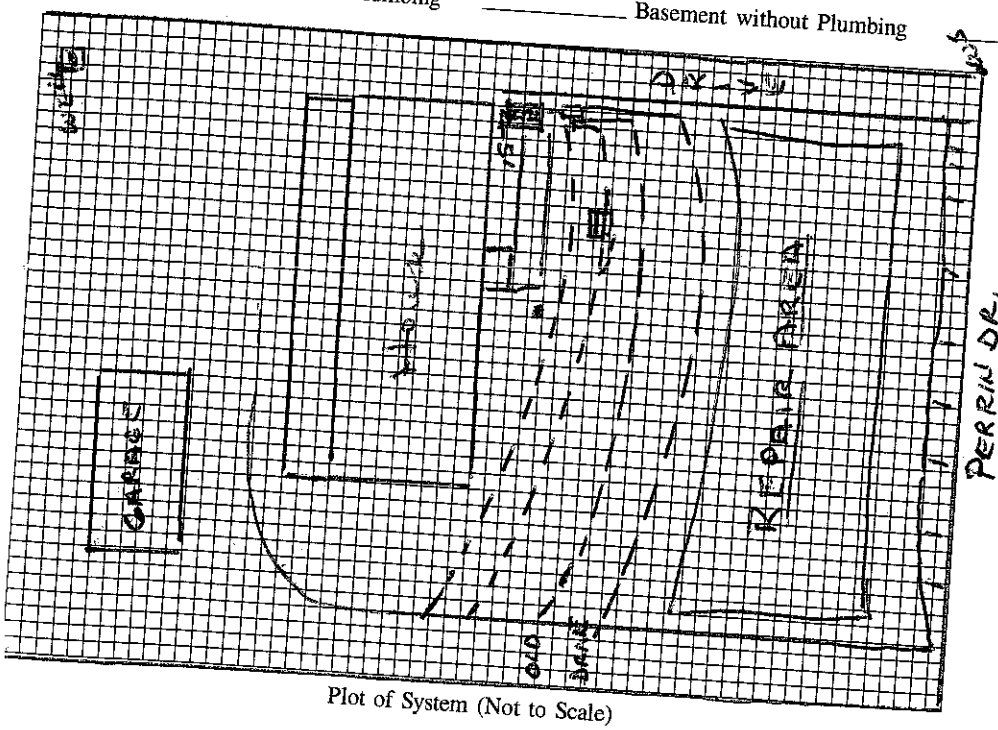
Application Rate P - .3-.35 (F, SS, wk sbk-gran mix)

Topography 5 - 2-3%

Depth to Water Table 5 > 48"

Rock or other impervious formations 5 - NONE OBSERVED

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space




Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Existing Well Public ☐

Installed by Walton Barton

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 AWS

COMMENTS

D/Box with Speed Levelers. Old Septic Tank left in tact and 2nd drain line routed around on lower side

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Wesley Sparks RS. DATE 4/22/93

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