IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

11223

PERMIT NO. 2K-8-8 Pt 1

DATE 7/21/92

OWNER OR CONTRACTOR Jannie M Pride

PHONE: Business _____ Home _____

LOCATION Sundown Rd to last house on (R)

S.R. No. _____

SUBDIVISION NAME Mary Know Atwell

LOT NO. 1

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 20,047 Ft²

Soil Characteristics P - C

Application Rate P - .4

Topography P - 2-5%

Depth to Water Table P - >36"

Rock or other impervious formations 5

_____ Basement with Plumbing

_____ Basement without Plumbing

_____ No Basement

✓ Crawl Space

Size of Tank 1000 Gals.

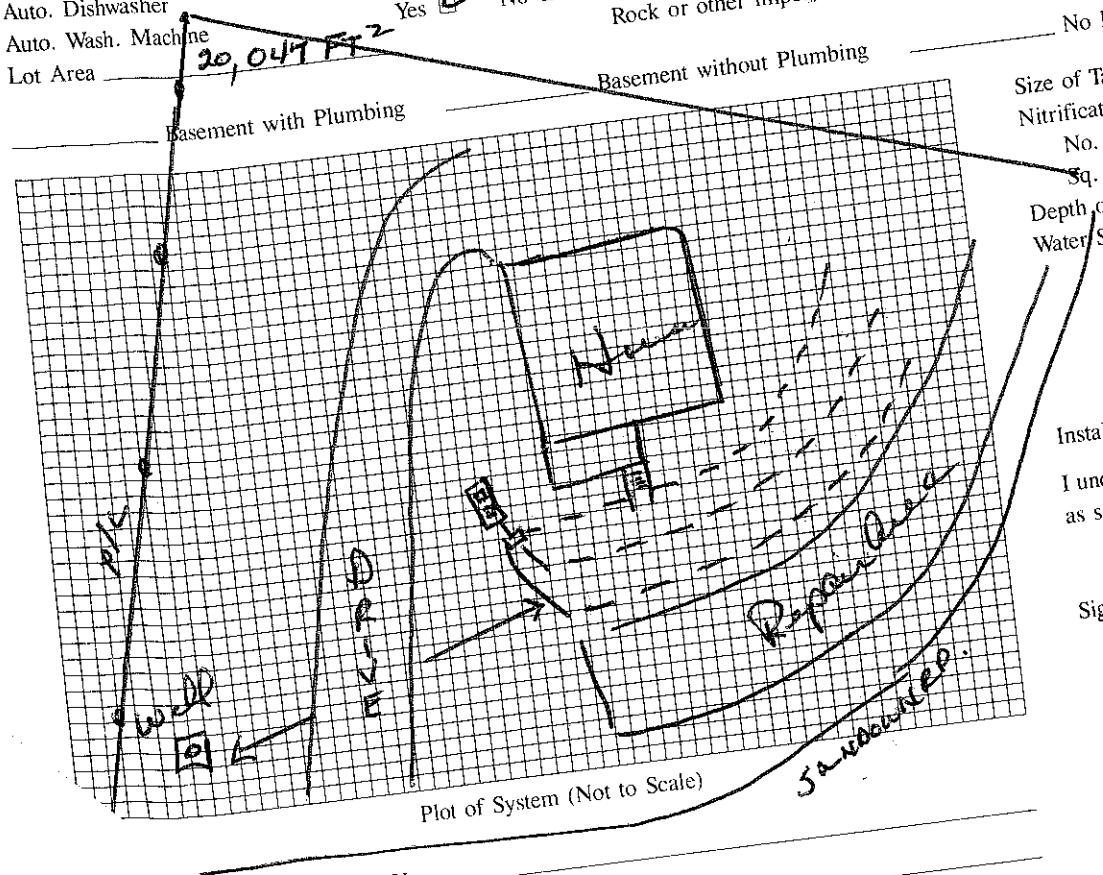
Nitrification Field:

No. of Lines 3 @ 100'x3'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

Installed by F.T. Erwin

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID
60 MONTHS FROM DATE OF ISSU

NT PERMIT BY _____

DATE 7/

Wesley Sparks RS.

DATE _____

JST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

anges are made in installation of system, and/or if any unapproved changes are made to the site, and/or if a

ng Improvement Permit.

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

11223

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 Jannie M. Pride DATE Mar 26, 1990 PERMIT NO. Part of 2K-8-8

PHONE: Business _____ Home _____

LOCATION 150 W, TL Williamson Rd. TR Sundown Rd. At end on right

S. R. No. _____

SUBDIVISION NAME Mary Knox Atwell LOT NO. 1 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~~ OK Yes ( ) No ( )

Lot Area 20,047 sq. ft

Character & Porosity of Soil clayey

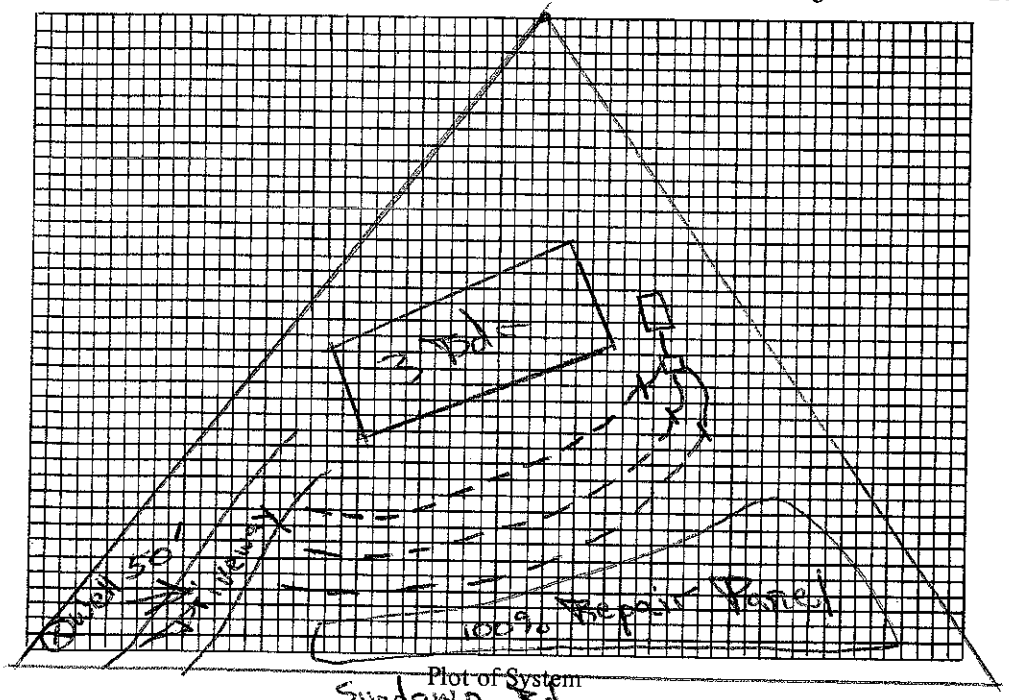
Percolation Rate ~.4 gpd/ft²

Topography 1-5%

Depth to Water Table + 3'

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 @ 100'

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: Jannie M. Pride

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: _____

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