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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Michael L Thornton DATE 5/20/92 PERMIT NO. 2K-1-A-21

PHONE: Business ______ Home 663-0346

LOCATION Sundown Rd, TR off 1109, on (L) just past Mooreland Estates

S.R. No. ______

SUBDIVISION NAME ______ LOT 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 20,000 FT²

Soil Characteristics P - c/c transition

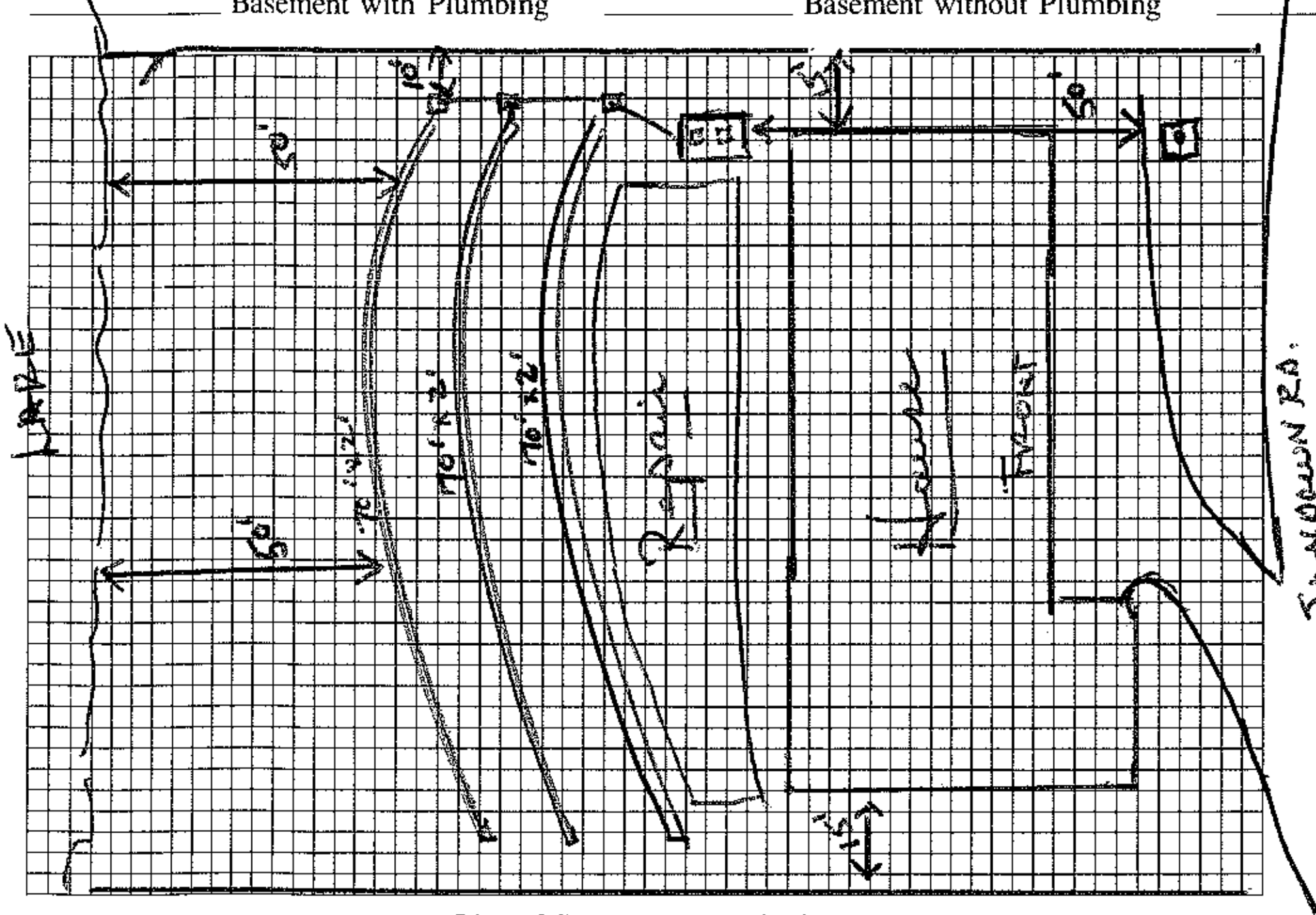
Application Rate P - .3

Topography P - 2%

Depth to Water Table S - >48"

Rock or other impervious formations S - 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 3 @ 70' x 2'

Sq. Ft. 1200 Linear Ft. 210 *

Depth of Stone in Lines 6" SANDY

Water Supply: Individual ☑

Public ☐

* 16" prefabricated Permeable panels

Installed by Larry Henkle

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 ______

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/20/92

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 Michael L Thornton DATE 4/22/92 PERMIT NO. 2K-1-A-21

PHONE: Business ________ Home 663-0346

LOCATION Sundown Rd, TR off 1109, on (L) approximately 1 mile wtr side

SUBDIVISION NAME ________ S.R. No. ________

LOT 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 20,000 FT²

Soil Characteristics P - c

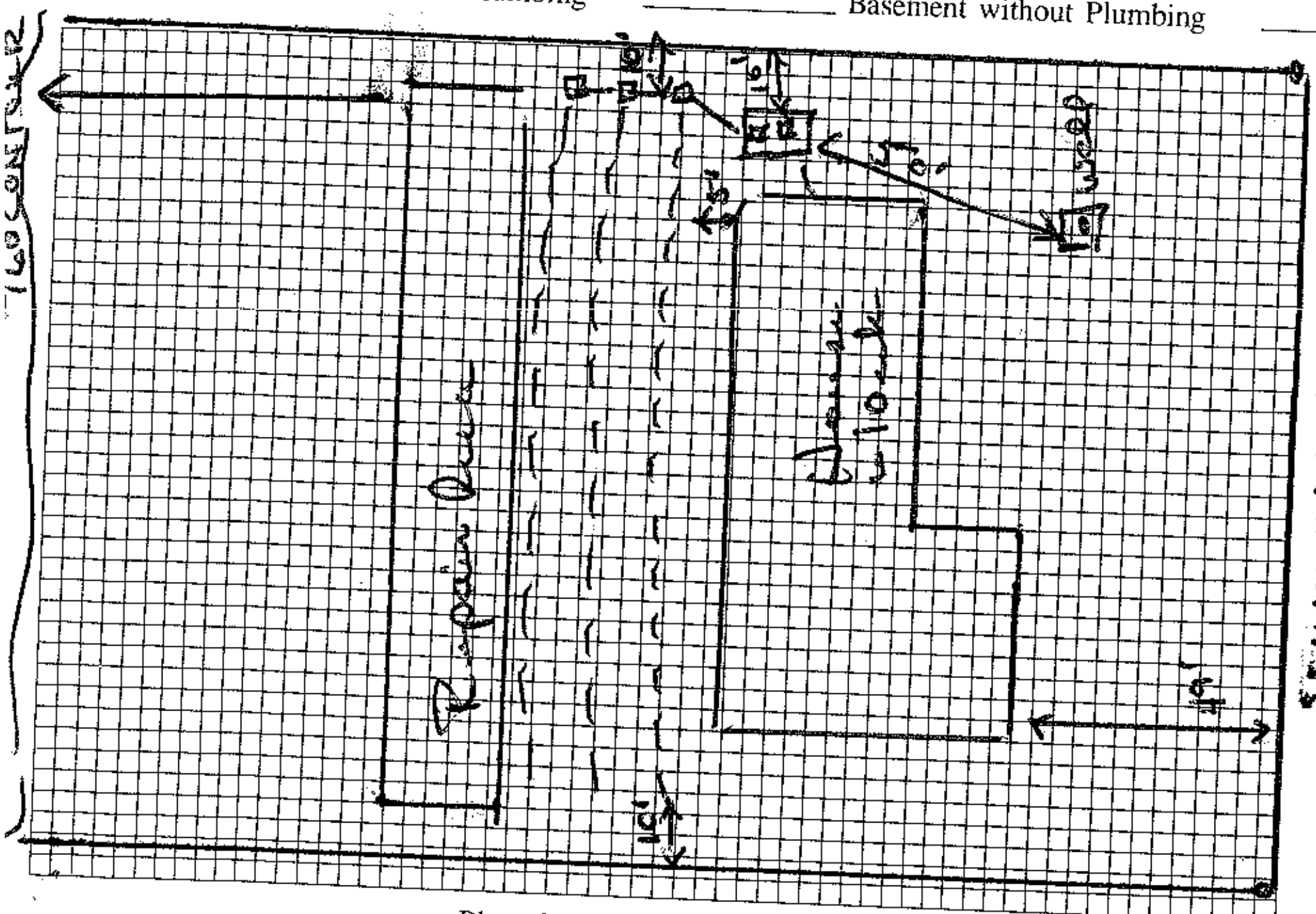
Application Rate .3

Topography 2-3%

Depth to Water Table >48"

Rock or other impervious formations ________

________ 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 3 @ 70' x 2'

Sq. Ft. 1200 Linear Ft. 210 *

Depth of Stone in Lines ________

Water Supply: Individual ☐ Public ☐

16" T+J Prefabricated Permeable Panels

Installed by ________

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

Signed: [illegible]

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

IMPROVEMENT PERMIT BY Worley Sparks R.S.

COMMENTS

Trenches no deeper than 36" to trench bottom. Use drop boxes in manner shown. Lines on slope contour in direction shown.

CERTIFICATE OF COMPLETION BY ________

EXISTING SYSTEM CHECKED BY ________ DATE ________

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE ________

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