IREDELL COUNTY HEALTH DEPARTMENT

12553

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

OWNER OR CONTRACTOR Nigel J. Richardson DATE 3/20/91 PERMIT NO. 2K-16-A-11

PHONE: Business _____ Home 892-7258

LOCATION Williamsburg Estates, Brawley School TL into Williamsburg to lot on (R) past first house on R. S. R. No. P0137

SUBDIVISION NAME Williamsburg Estates LOT NO. 11 SECTION OR BLOCK NO. _____

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

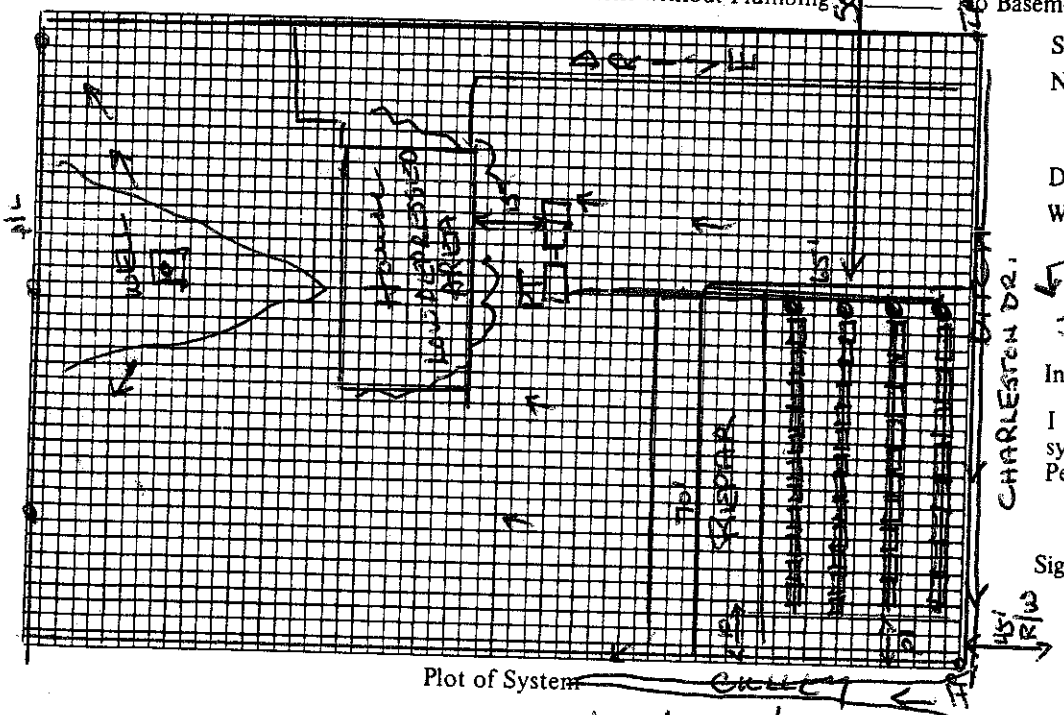
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 FT²

Character & Porosity of Soil Sa cl (sticky-friable)
Percolation Rate .25
Topography 2-4%
Depth to Water Table 48"
Rock or other impervious formations None found

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1000/1000 Gals. (ST / PT)
Nitrification Field: T&T PANEL 16" ~~180'~~ 314 PANELS/LINE
No. of Lines ~~4~~ 6
Sq. Ft. 1444 Linear Ft. 240
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

8/22/91 AWS
Changed to 400' ft of 1½ PVC
3/16" every 5' - 2 pressurehead

Installed by _____

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

copies mailed as per request 1 3/20/91 AWS

Signed: _____

IMPROVEMENTS PERMIT BY Wesley Sparks RS

COMMENTS: Date valve at beginning of each drainline. 2' stand pipe at end of each drainline. 1½" PVC with 5/32" hole drilled per panel. Diversion ditch between system and Charleston Drive. Panels to be installed per manufacturers specifications. System must be pressure tested and adjusted before it may be completed.

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