06894

4659712576

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 David Richard Edmonds DATE 11/21/88 PERMIT NO. 18D

PHONE: Business ______ Home ______

LOCATION 115-21 N TR 2389 (Shepherd Rd.) ~ 1/8 mile on Rt. S. R. No. ______

SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______
Coddle Creek 1Q-A-46

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

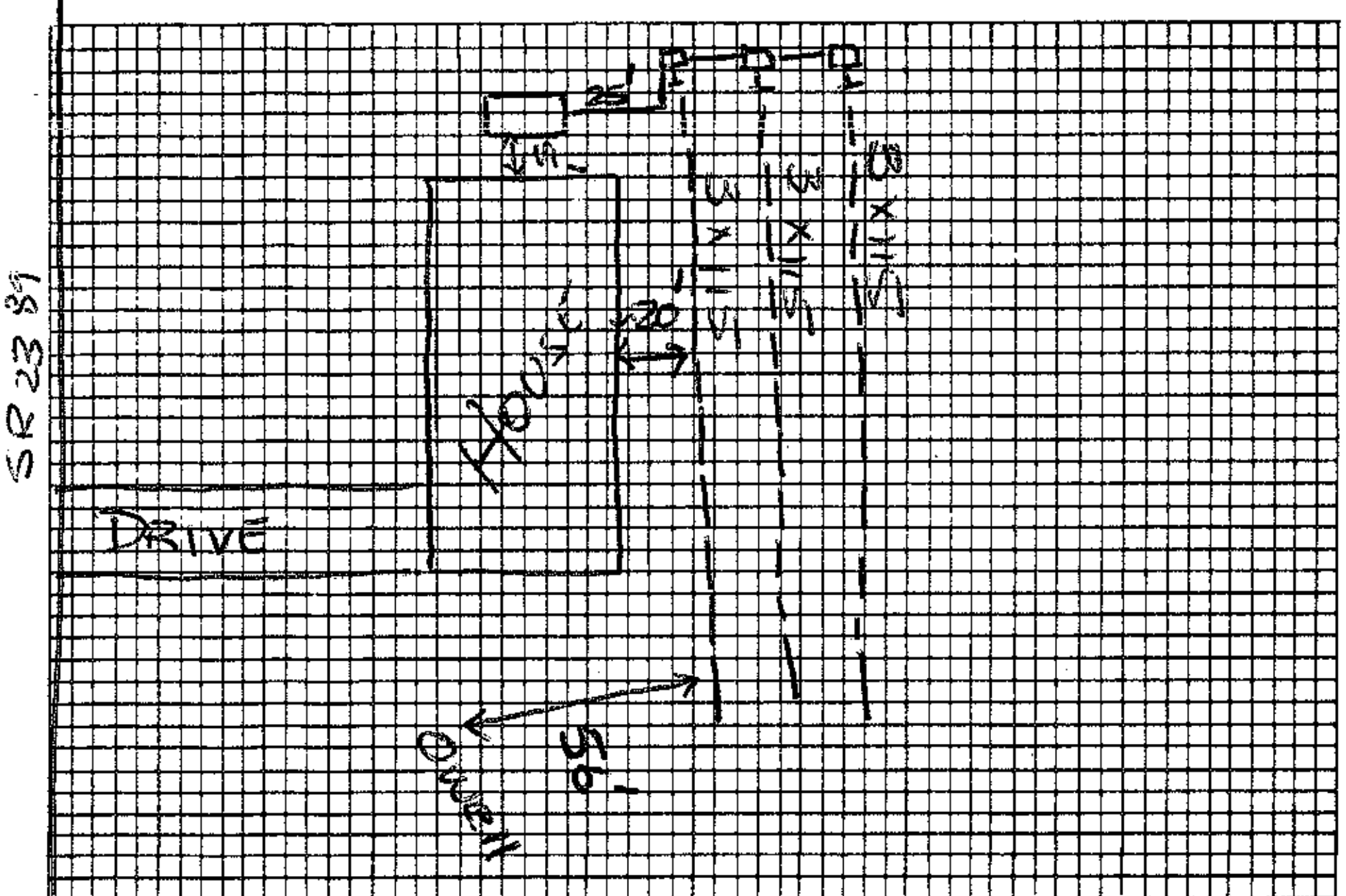
No. Bedrooms 3 No. Bathrooms 2 1/2

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

Character & Porosity of Soil Clayey (mottles present less w/ ↑ depth. probably from Ag use)
Percolation Rate ~ .35 gpd/ft²
Topography 4 to 8%
Depth to Water Table 4' +
Rock or other impervious formations none obs.

Lot Area ______

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

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

Signed: ______

IMPROVEMENTS PERMIT BY DRH

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 11/21/88

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

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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 David Richard Edmonds DATE 6-22-87 PERMIT NO. 18D

PHONE: Business ______ Home ______

LOCATION 115-21N TR ~~23~~ 2389 (Shepherd Rd.) ≈1/8 mile on Rt. S. R. No. ______

SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1.4 AC

Character & Porosity of Soil clay {mottles present less with > depth probably from agricultural use}

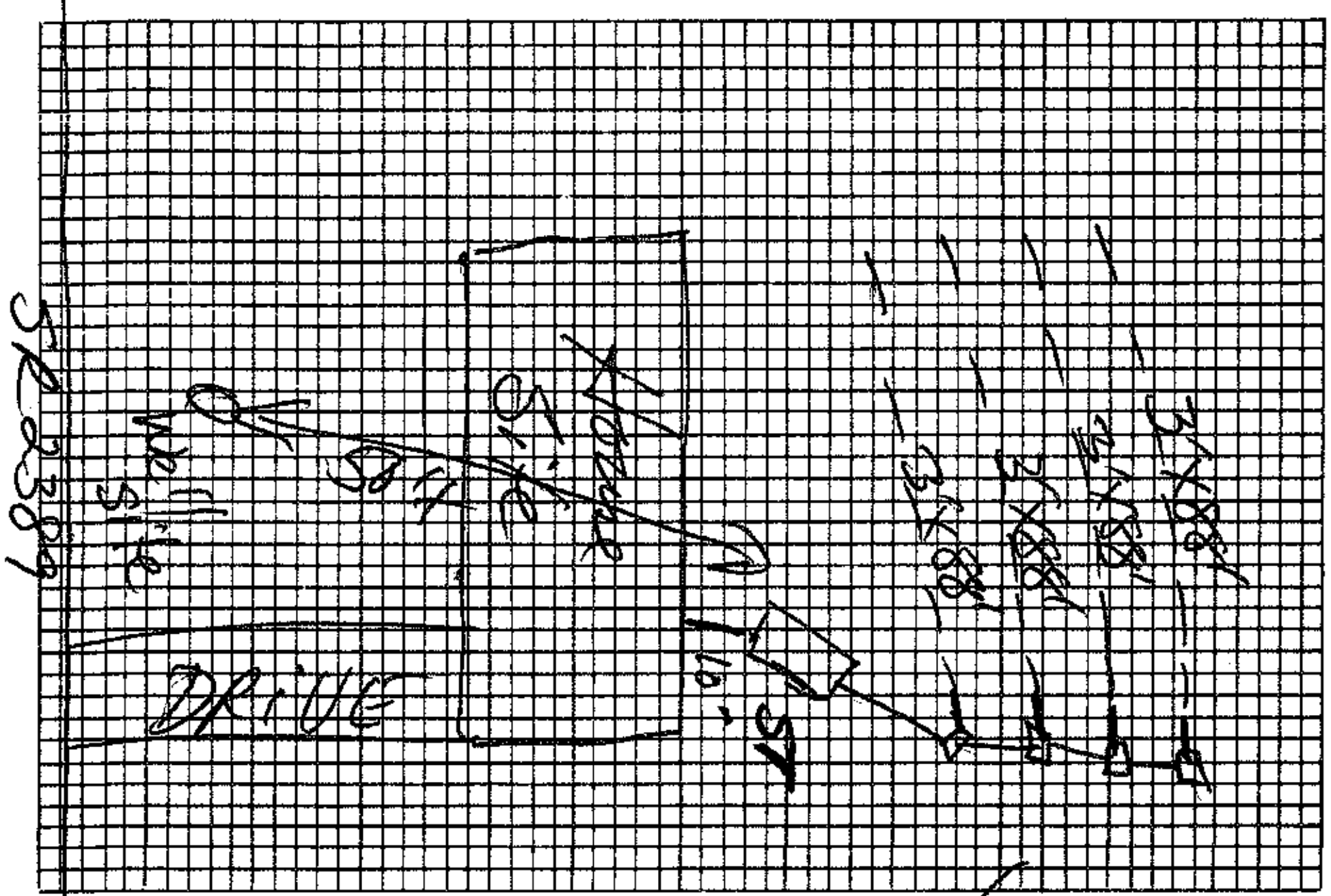
Percolation Rate ≈35

Topography 4-8%

Depth to Water Table 44"

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 4

Sq. Ft. 1035 Linear Ft. 345

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.

X Signed: Kay M. Edmonds

IMPROVEMENTS PERMIT BY David R. Hinson, RS.

COMMENTS: Follow contour. Lot covered with briars and honeysuckle vines. Unable to accurately judge topography. May need to adjust layout of system depending on whether any problems are encountered.

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