4668 10 4626 GRAVITY!!

1724

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / ~~OPERATIONS PERMIT~~

(LARRY BIANKENSHIP)

OWNER OR CONTRACTOR FORMERLY JIM GERLACH DATE 5/17/93 PERMIT NO. IM 405

PHONE: Business _____ Home 872-8981

LOCATION (L) corner of Whitman and Goodwin Circle

S.R. No. _____

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

D/W

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 40,000 FT²

Soil Characteristics P - SIC / C TRANS

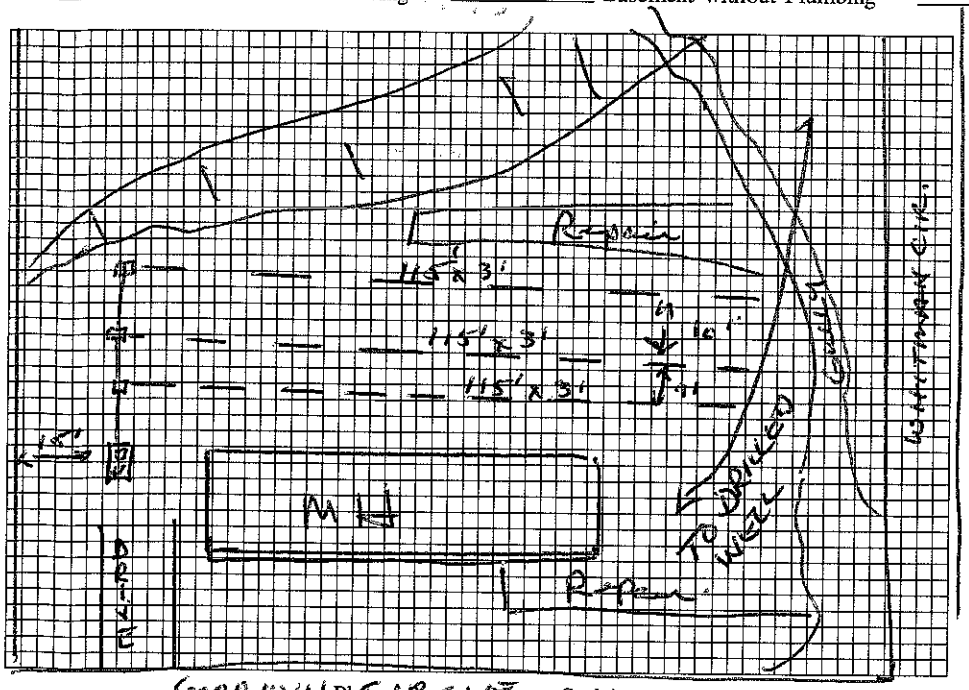
Application Rate P .3-.35 (WK SBK, SS)

Topography P - 4%-5%

Depth to Water Table 5 ± 48"

Rock or other impervious formations 5 - None Found

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



6000 WIN Plot of ~~System~~ (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3@115 x 3'

Sq. Ft. 960 ± Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ HOUSE NEXT DOOR

Public ☐

Installed by Kelly Parker

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 _____

COMMENTS Repair area limited - lot platted prior to '81

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/17/93

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

NANCY ARCHER
GOODWIN CIR. - HOUSE

IREDELL COUNTY HEALTH DEPARTMENT

1724

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

OWNER OR CONTRACTOR Jim Gerlach DATE 11/12/91 PERMIT NO. IM 4C5

PHONE: Business _____ Home 872-8981

LOCATION (D) corner of Whitman and Goodwin Circle

_____ S. R. No. _____

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

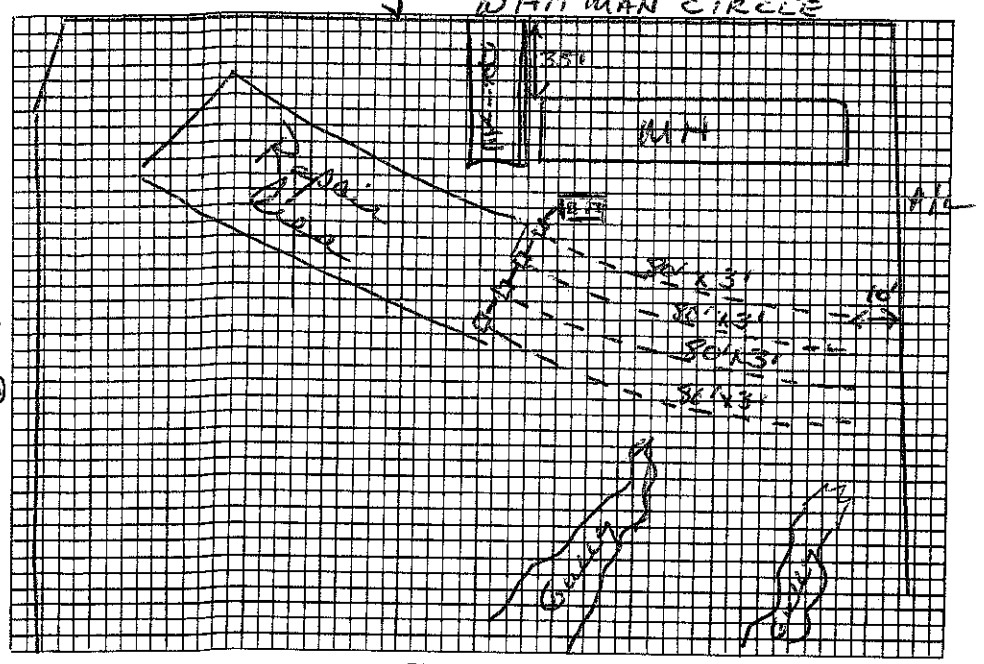
House ( ) Mobile Home (L) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (L)	Character & Porosity of Soil	P - Sacl - Sac
Auto. Dishwasher	Yes (L)	No ( )	Percolation Rate	.35
Auto. Wash. Machine	Yes (L)	No ( )	Topography	5%
Site Suitable	Yes (L)	No ( )	Depth to Water Table	>48"
			Rock or other impervious formations	None observed

Lot Area 40,000 FT.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4 @ 80'x31'
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"

Water Supply: Individual (L)
Public ( )

Installed by _____

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

Signed: Copies mailed 11/12/91 as per Gerlach request AWS

IMPROVEMENTS PERMIT BY Wesley Sparks RS.

COMMENTS: Keep trenches on slope contours in direction shown. Lines must be installed with drop boxes so replace area can be utilized.

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