4668 49 3770

IREDELL COUNTY HEALTH DEPARTMENT

Repair IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Brenda Mork DATE 1/14/92 PERMIT NO. ——

PHONE: Business _____ Home _____

LOCATION Pond View Dr, Statesville Rd TR on Pond View to end on (R) 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 ACERAGE

Soil Characteristics P - C / SLC + TRANS

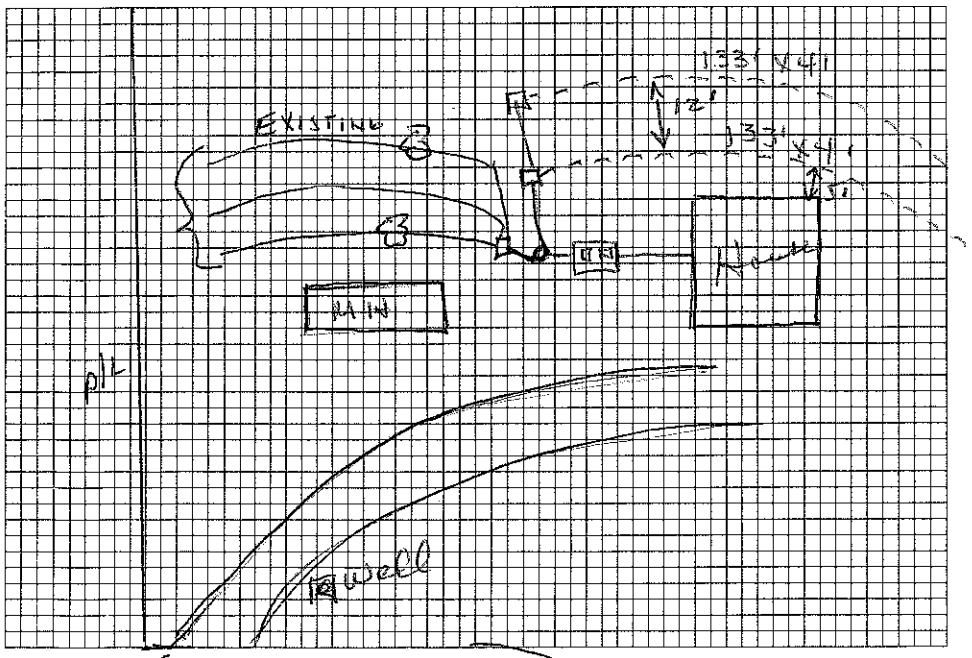
Application Rate .4

Topography 2 to

Depth to Water Table 36" + SAP

Rock or other impervious formations None observed

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



Plot of System (Not to Scale)

Size of Tank Equiv 1000 Gals.

Nitrification Field:

No. of Lines 2 @ 133 X 4'

Sq. Ft. 1064 Linear Ft. 266'

Depth of Stone in Lines 12-14"

Water Supply: Individual ☑ 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 CUL DE SAC

COMMENTS Trenches shallow, no deeper than 24" to trench bottom. No plowing or tilling should be done in this area. Septic tank has been pumped - old system has stopped running back toward septic tank

CERTIFICATE OF COMPLETION BY Wesley Sparks RS DATE 1/14/92

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

IREDELL COUNTY HEALTH DEPARTMENT

Repair

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

OWNER OR CONTRACTOR Brenda Monk DATE 12/27/91 PERMIT NO. ———

PHONE: Business ——— Home ———

LOCATION Pond View Dr, toward, turn thirty ahead to house on R of lot. S. R. No. ———

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

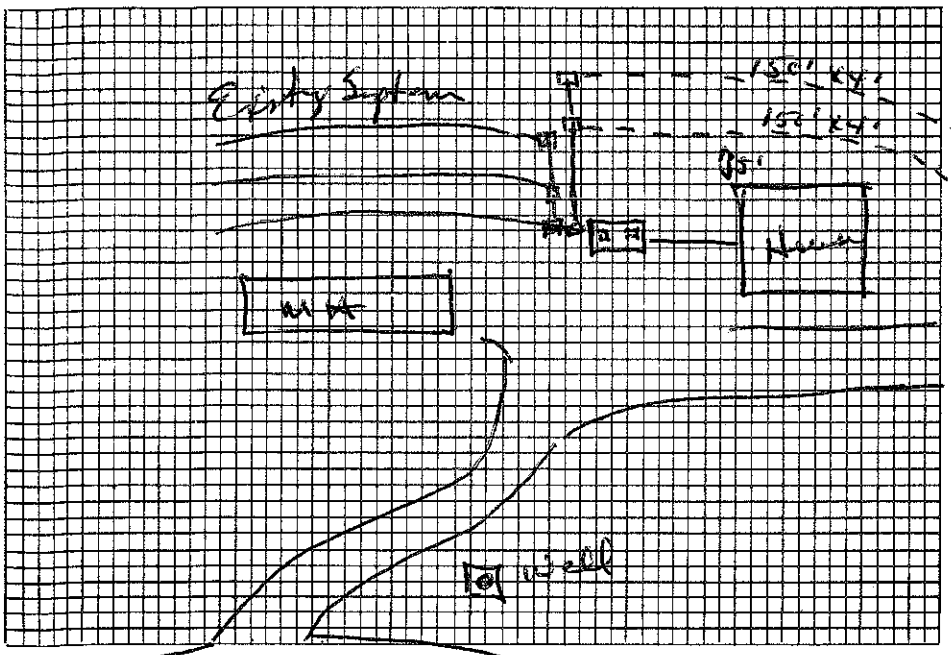
House (✓) Mobile Home ( ) Business ( ) Other ———

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	C - SS (shallow)
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	20%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	36"
			Rock or other impervious formations	36" to Saprolite

Lot Area AC

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

EXISTING

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2@ 150' x 4'
Sq. Ft. 1200 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: ———

IMPROVEMENTS PERMIT BY Can OE SAC Wesley Sparks RS.

COMMENTS: Keep trenches shallow as possible around 24" to trench bottom. Lines on slope contour in direction shown.

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