4669-67-2872

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10310

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 Tommy D. Clontz DATE Nov. 26, '90 PERMIT NO. 4H-B-55

PHONE: Business ______ Home ______

LOCATION 115-21 N. TR 2383 Shinnville TR 2379 Winthrow Crk x Creek TL private rd. on left 133 Sweetbriar Lane S. R. No. ______

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

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

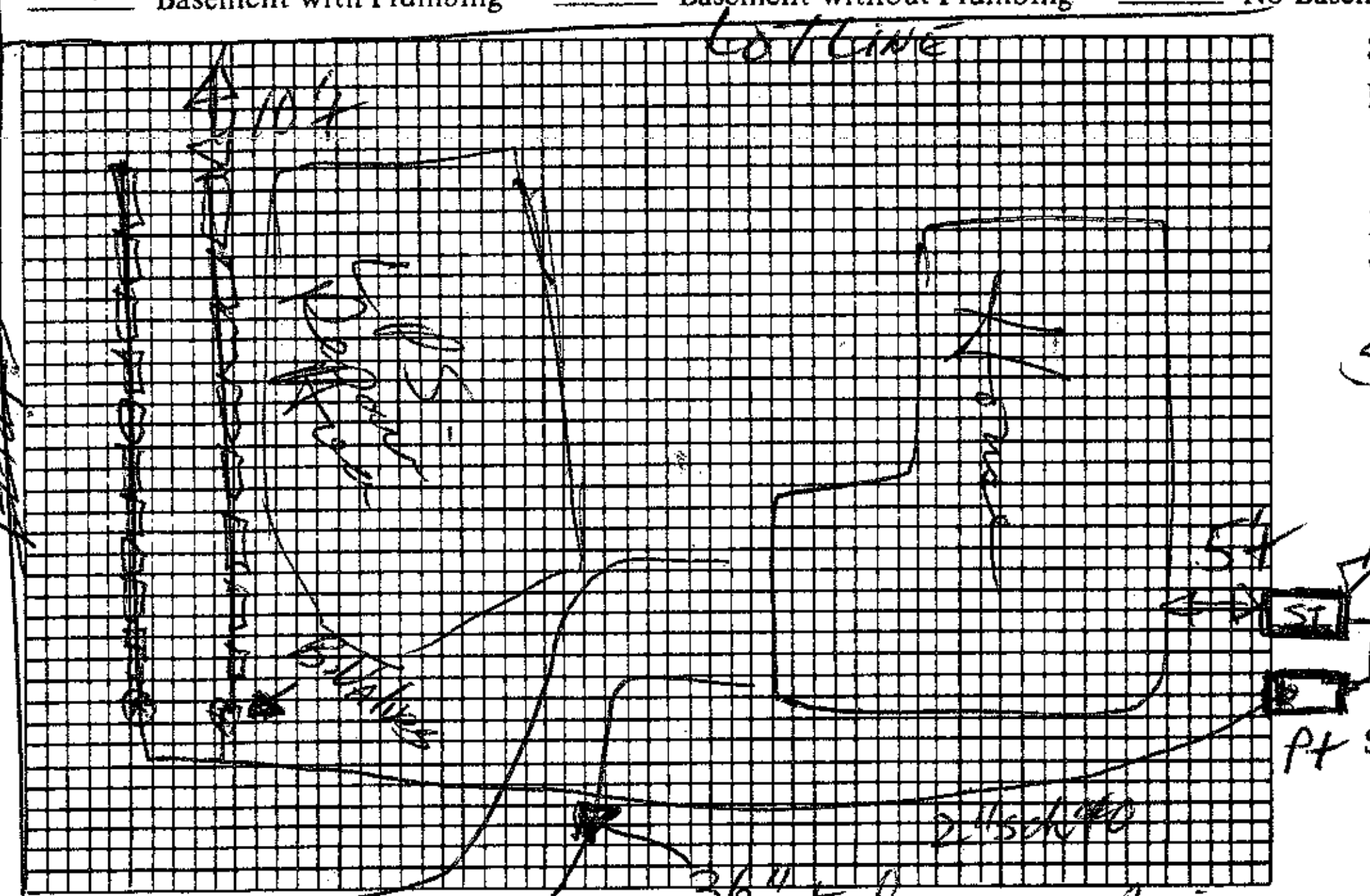
No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil PS clay
Percolation Rate 1.3
Topography ~10%
Depth to Water Table 6'+
Rock or other impervious formations none obs.

Lot Area ~2Ac.

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System 36"+ deep pump line

Size of Tank 1500 Gals. 1500 PT.

Nitrification Field:
No. of Lines 2
Sq. Ft. ( ) Linear Ft. 200' EP
Depth of Stone in Lines 16"
Water Supply: Individual (✓) panels pressure dosed
Public ( )

Installed by Walter Barton

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

Signed: ______

IMPROVEMENTS PERMIT BY DRH

COMMENTS: ______

Operation permit

CERTIFICATE OF COMPLETION BY DR Hinson, EHS DATE 11-26-90

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

10°15-10°30

10310

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 Tommy Do Clontz DATE Aug. 14 '89 PERMIT NO. 4H-B-55

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 2383 (Shinnville Rd.) TR 2379 (Whitthrow Creek Rd.) X Creek TL dirt street near end on left S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	sandy clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	No 3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15% mod-sev. gullied
Site ~~Suitable~~ PS	Yes ( )	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none obs.

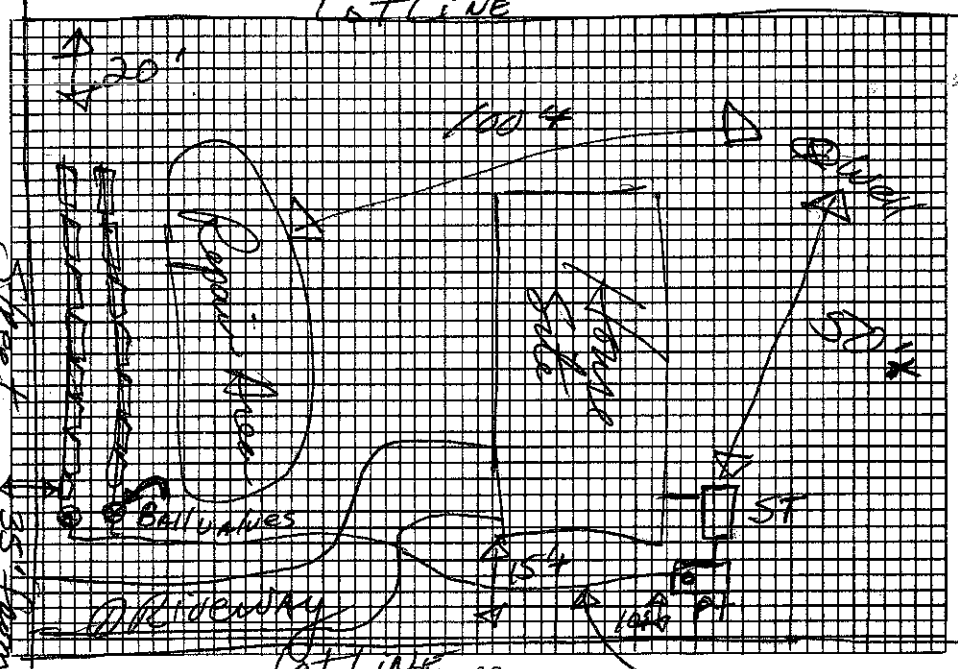
Lot Area 2 Ac.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1250 p.t.

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2-3
Sq. Ft. _____ Linear Ft. 200 ft
Depth of Stone in Lines 16" Tot
Water Supply: Individual (✓) panels pressure dosed
Public ( )



Installed by _____

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

Signed: ✓ Beverly Clontz

Pump specs: 19 gal/min at approx 25' TDH

2" sch 40 pumpline

IMPROVEMENTS PERMIT BY J. R. Hinson, RS.

COMMENTS: Shape drainfield area (and repair) as needed to accomodate sewage system. Follow contour. Use 1¼" sch 40 thru panels with one 5/32" hole per panel. Two foot pressure head per ditch

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