4674 89 0072

13858

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR WM Wilkinson DATE 6/19/92 PERMIT NO. IA-A-11

PHONE: Business _____ Home 664-2550

LOCATION Patterson Farm Rd; Coddle Creek TR on Patterson Farm ~1.2 mile on R infield before X bridge. S.R. No. _____

SUBDIVISION NAME N/A LOT NO. N/A 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-C TRANS

Application Rate P-.25 (A-P-VF) in spots

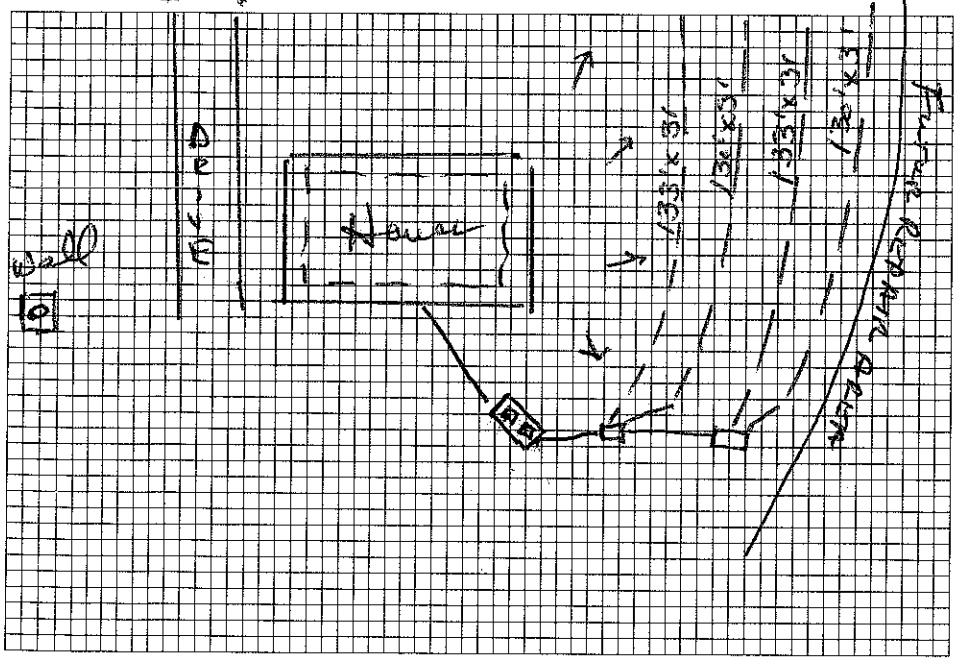
Topography P-2-3%

Depth to Water Table P-40"

Rock or other impervious formations P-SAP TRANS AT 39-40"

PATTERSON FARM RD

☑ Basement with Plumbing ____ Basement without Plumbing ____ No Basement ____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4@125' x 3'

Sq. Ft. 1400 Linear Ft. 500

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Owncash

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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 6/19/20

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

13858 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR WM Wilkinson DATE 12/31/91 PERMIT NO. 1A-A-11

PHONE: Business _____ Home 664-2550

LOCATION Patterson Farm Rd, Cobble Ck TL on Patterson Farm ~ 1.2 mile TR on dirt to field on (L)

SUBDIVISION NAME N/A S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

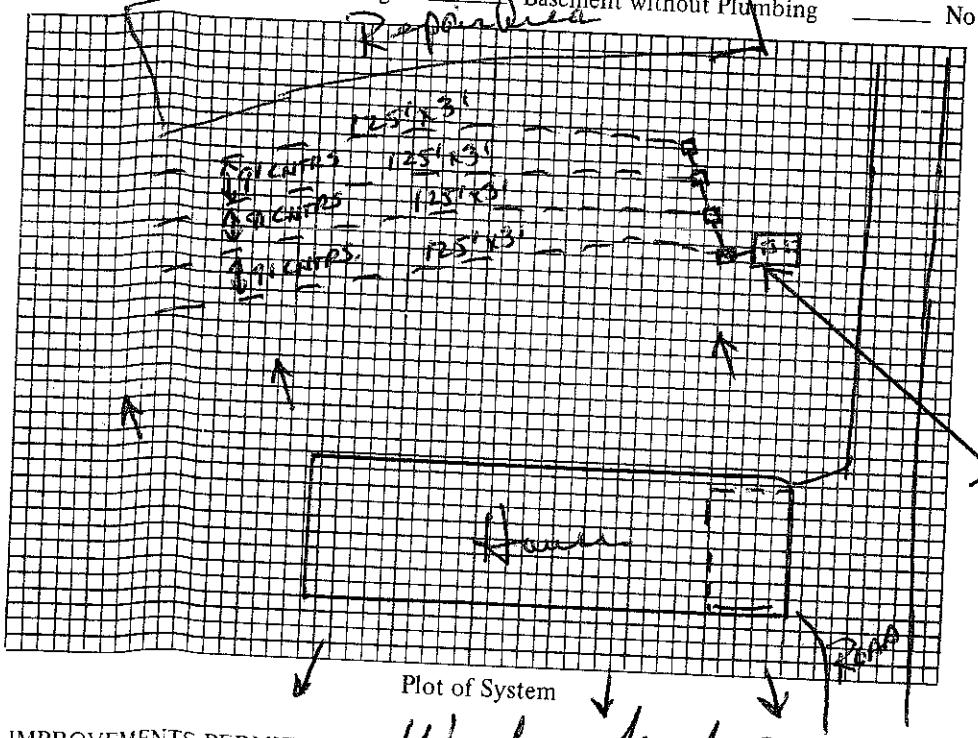
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil P - C - C transition
Percolation Rate .25
Topography 2-3%
Depth to Water Table 46"
Rock or other impervious formations Sap. transition 36"

Lot Area Acreage

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4 @ 125'x3'
Sq. Ft. 1400 Linear Ft. 500
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Wesley Sparks RS

COMMENTS: Keep lines on slope contour in direction shown. Tank set down hill in edge of red soil to compensate for plumbing coming from basement.

CERTIFICATE OF COMPLETION BY _____

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