09634

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C) 4675-20-6365

OWNER OR CONTRACTOR Carolyn Atwell DATE 9/12/90 PERMIT NO. 1B-A-1266

PHONE: Business _____ Home _____

LOCATION 1365 TR into Hunterwoods At end of Culdesac

_____ S. R. No. _____

SUBDIVISION NAME Hunter Woods LOT NO. 6 SECTION OR BLOCK NO. _____

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

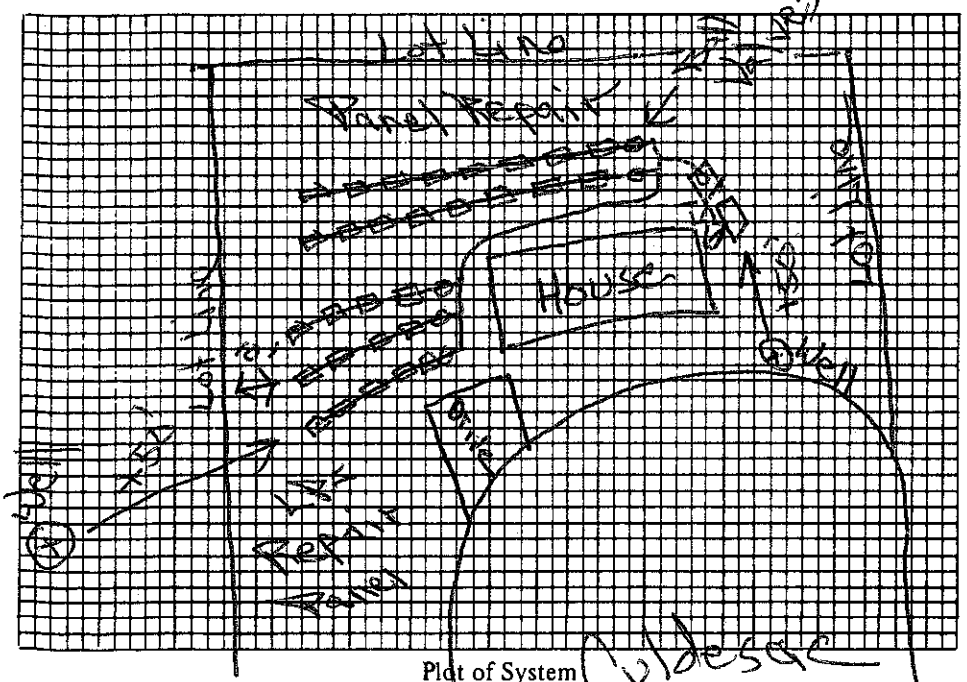
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable PS Yes ( ) No ( )
Lot Area ~20,000 Sq ft

Character & Porosity of Soil low range PS clay
Percolation Rate .2
Topography ~4%
Depth to Water Table 41+
Rock or other impervious formations none obs

1000 AT

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Culdesac

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. _____ Linear Ft. 300' T+W
Depth of Stone in Lines _____
Water Supply: Individual (✓) (16 Panel)
Public ( )

Installed by FJ Erlin

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

Signed: _____

5 Lines Lowest 62'
80'
49'
55'
Highest 61'

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Operation Permit

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 9/20/90

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