09634

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 Carolyn Atwell DATE May 16, 1990 PERMIT NO. IB-A-12(6)

PHONE: Business _____ Home _____

LOCATION 136 S. TR into Hunter woods At end on left

_____ 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 ( )	

Character & Porosity of Soil low range PS clay

Percolation Rate .2

Topography ~4%

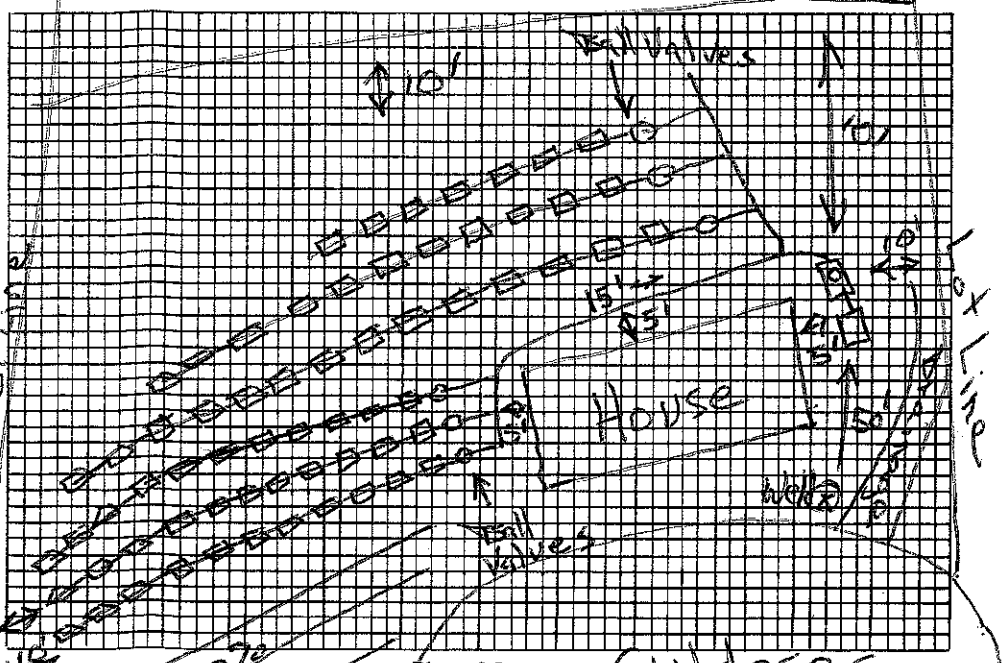
Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area ~20,000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

PT 1000 Gals



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. _____ Linear Ft. 300' of

Depth of Stone in Lines _____

Water Supply: Individual (✓) 16' T+J

Public ( ) Panel

Installed by _____

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

Signed: Carolyn Atwell

62
80
49
55
61
307

Plot of System Culdesac

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: 69 panels 28 gpm pump 17' TDH Well on neighbors lot 52' from end of lines Repair 4 lines @ 75' Site where tank are to be placed must be filled in and leveled. Drainage to be change so that all water goes down right property line.

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