11165

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 Aug 23, '90 PERMIT NO. 1B-1-B-7

PHONE: Business ______ Home ______

LOCATION 136 S. TR into Hunter Woods on left near end S. R. No. ______

SUBDIVISION NAME Hunter Woods LOT NO. 7 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 ~2½ Ac

Character & Porosity of Soil PS clay

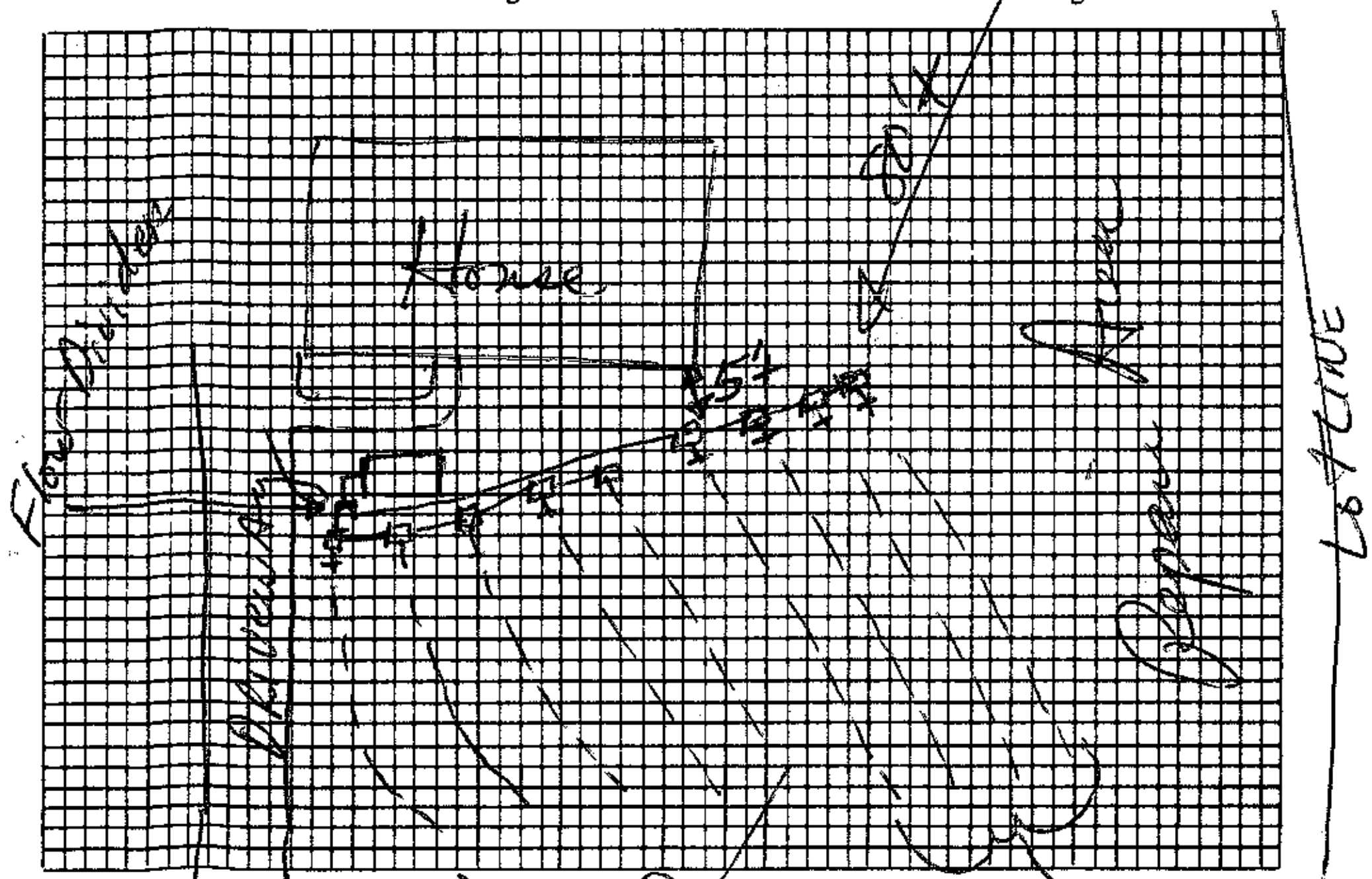
Percolation Rate ~.3

Topography ~4%

Depth to Water Table 44"

Rock or other impervious formations none obs.

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Street

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 9

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Water from Adjacent lot

Public ( )

Installed by Tim Smith Cedarwood Septic Tank

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

Signed: ______

4 lines 3'x50' each 200' total

IMPROVEMENTS PERMIT BY DRH

COMMENTS: 5 lines 3'x40' each 200' total

CERTIFICATE OF COMPLETION BY David R Hinson, EHS 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