3100 - 3130

1460

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Larry Morrow DATE 2/1/93 PERMIT NO. IN 9817

PHONE: Business _____ Home NONE

LOCATION Pickwyck Village - 152 E TR INTO PICKWYCK ON (R) NEXT TO LAST LOT BEFORE CUL DE SAC S.R. No. _____

SUBDIVISION NAME PICKWYCK VILLAGE LOT NO. 17 SECTION OR BLOCK NO. II

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 40,000 FT²

Soil Characteristics P - C / C TRANS

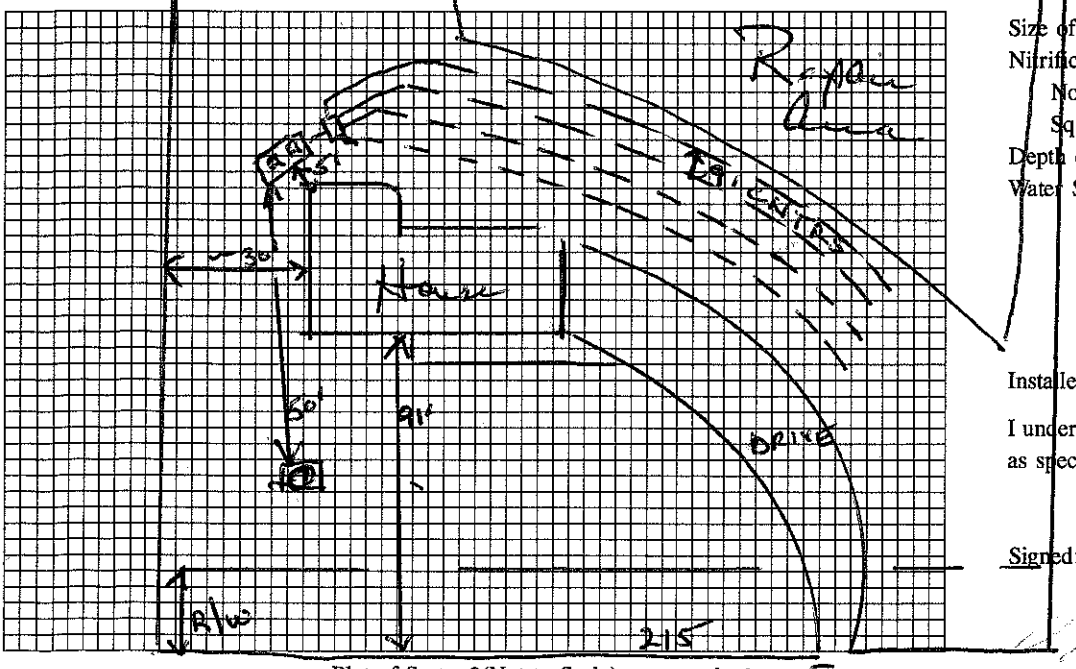
Application Rate P - .25 - .3 (S, SP, FIRM)

Topography P - 3-5%

Depth to Water Table S - >48"

Rock or other impervious formations P - <48" TO SAPROLITE

_____ Basement with Plumbing _____ ~~Basement without Plumbing~~ _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

PICKWYCK DRIVE

Size of Tank 1000 ' Gals.

Nitrification Field: 4 @ 100' x 3'

No. of Lines 3 @ 133' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐

Installed by _____

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 Wesley Sparks R.S.

COMMENTS Trenches shallow! no deeper than 30" to trench bottom. Keep drive off drainfield. Dist Box w/ Spread Levelers

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 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