0711

4677-27-9320

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 Clarence E. Pickard DATE Feb 24 '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION N. Main St. TR just before jct. w/ 150 ~1/8 mile on left

S. R. No. _____

SUBDIVISION NAME Pickwyck Village LOT NO. 5 SECTION OR BLOCK NO. _____

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

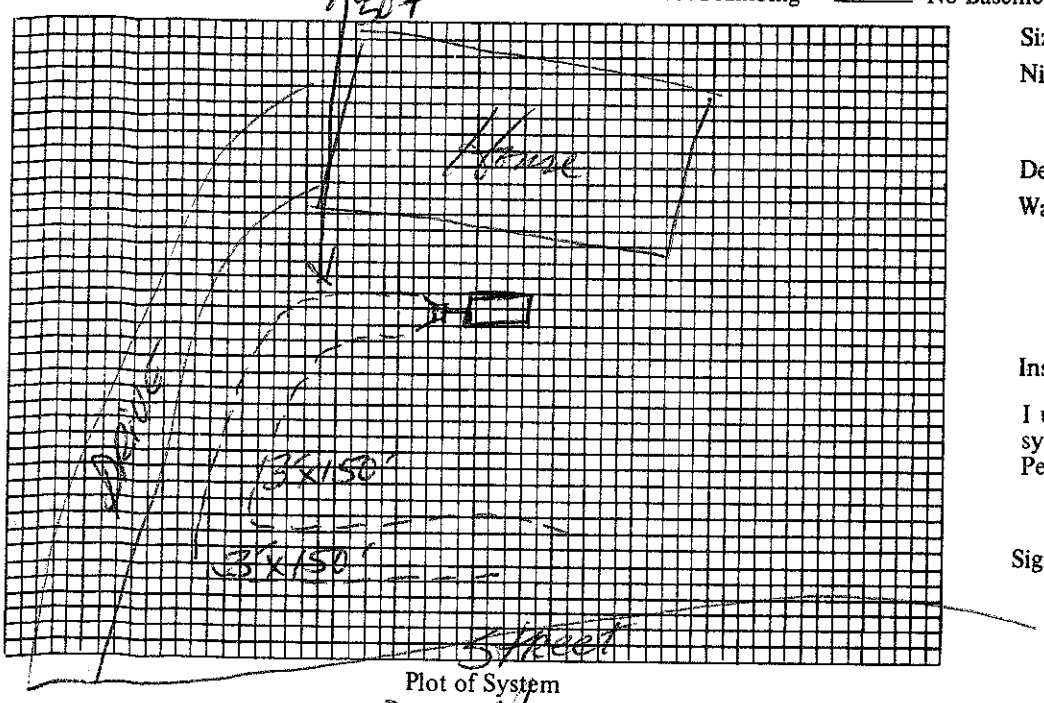
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~3/4 AC. & Wellsite

Character & Porosity of Soil clay
Percolation Rate 2, 4
Topography 2 & 4
Depth to Water Table _____
Rock or other impervious formations none obs.

_____ Basement with Plumbing 20' + _____ Basement without Plumbing _____ No Basement ✓



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: System installed deeper than specified but no problems encountered with soil.

Well not down

CERTIFICATE OF COMPLETION BY D. R. Hinson, R.S. DATE Feb 24 '88

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

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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 Clarence E. Pickard DATE Nov. 13, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION N. Main St. TR before jct w/ 150 a 1/8 mile on left

S. R. No. _____

SUBDIVISION NAME Pickwyck Village LOT NO. 5 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	( )

Lot Area ~3/4 Ac & well site

Character & Porosity of Soil shallow clay

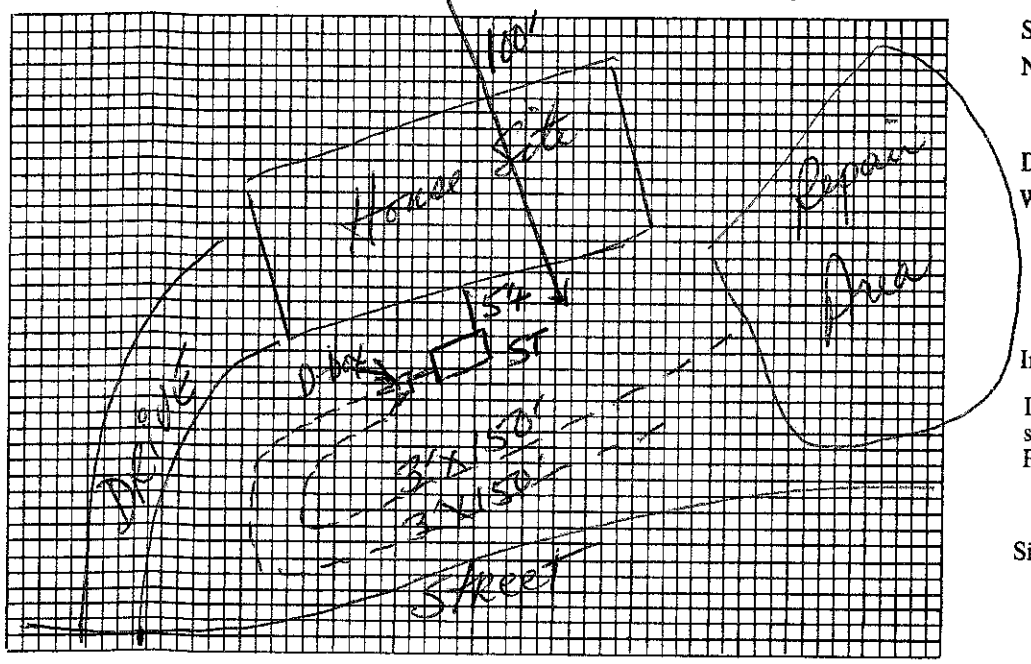
Percolation Rate ~4

Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations hard weathered rock in some areas ~3'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ✓
Public ( )

Installed by _____

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

Signed _____

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: Keep drainfield shallow (~12" cover)

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold