IREDELL COUNTY HEALTH DEPARTMENT

12336

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Douglas Carrigan DATE 6/21/91 PERMIT NO. 1A-1-A-22pt.

PHONE: Business _____ Home _____

LOCATION 150E TL 1/4 mile before Rowan Co. Line, TL Pinnidge Dr. 1st drive on (L) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Repair/addition

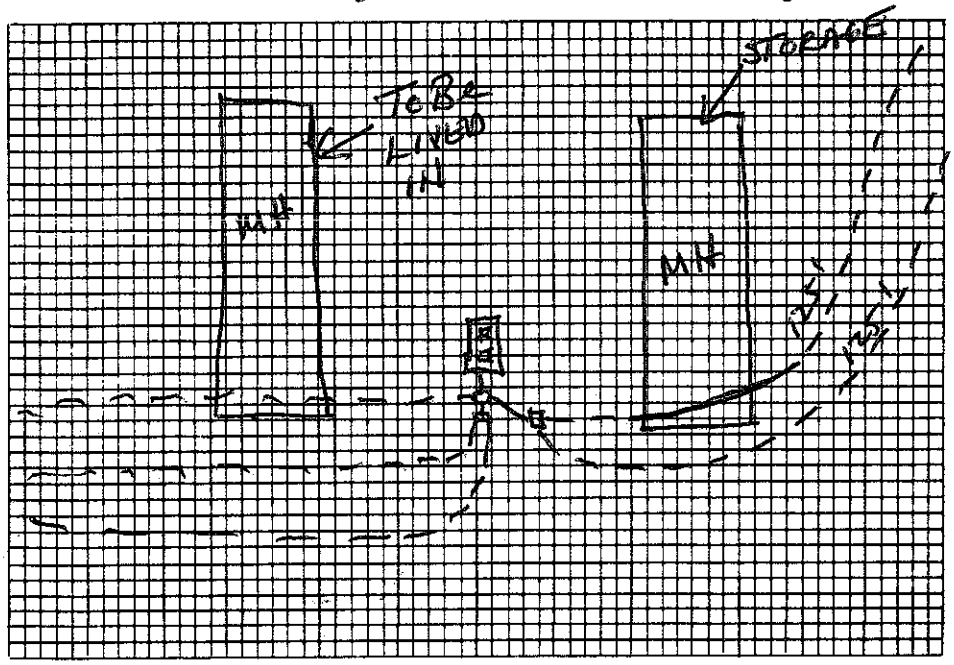
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil P
Percolation Rate .4
Topography S-15%
Depth to Water Table 4+
Rock or other impervious formations none found

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement EXISTING



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Carrigan

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Bell Run Valve, Dist. Box, 2 lines - Sch 40 PVC run under trailer in upper drainline.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 6/21

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

12336

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 Douglas Carrigan DATE March 14, '91 PERMIT NO. 1P-1-A-22 pt

PHONE: Business ______ Home ______

LOCATION 150 E TL ~1/4 mile before Rowan Co. line onto private gravel road TL 1st driveway 500'+ off street S. R. No. ______

SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______

Replacing M.H. in different location

House ( ) Mobile Home (✓) Business ( ) Other Repair / Addn.

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 area of new lines ps silty clay tr.

Percolation Rate .4

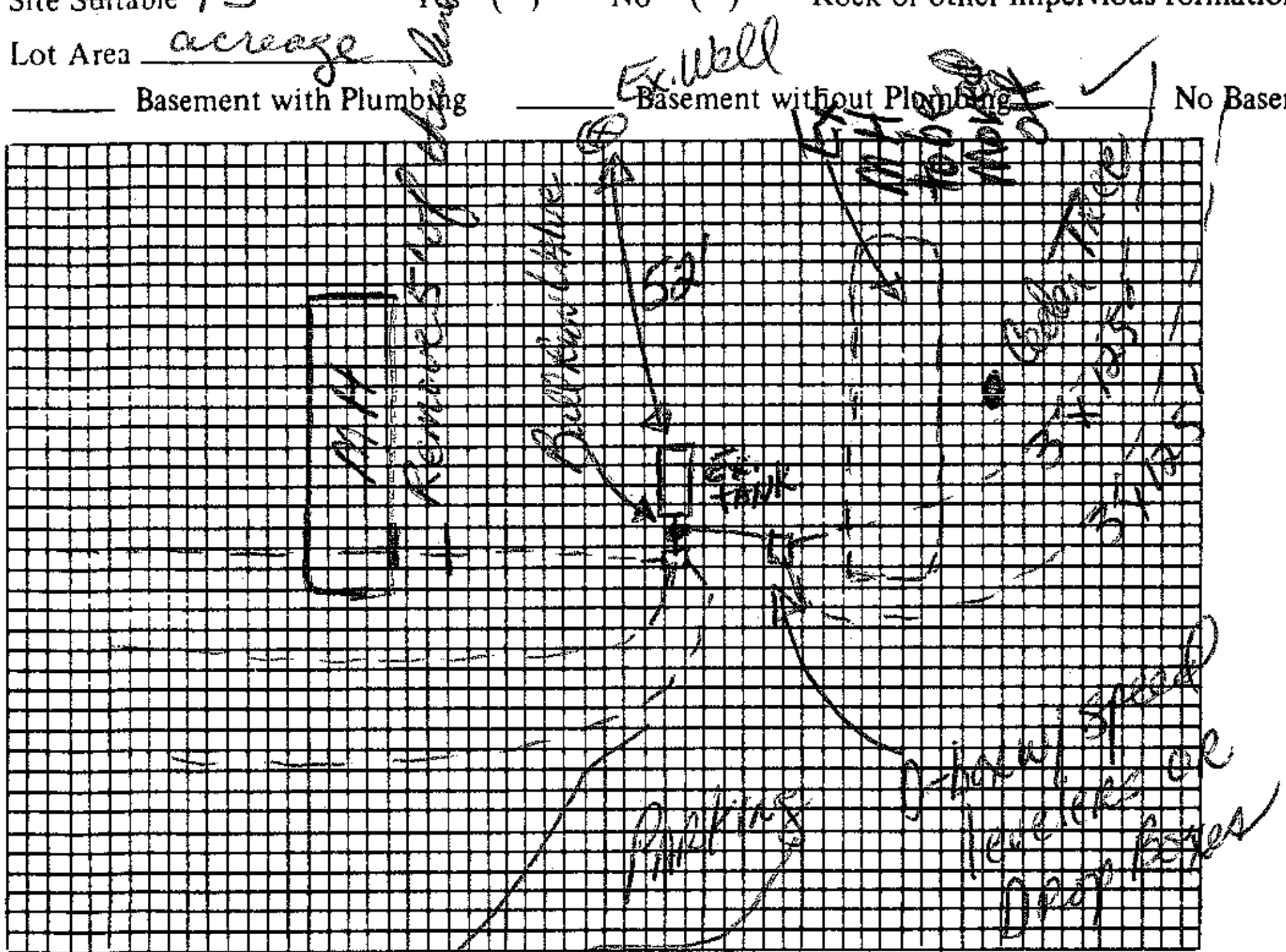
Topography 8-15%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area acreage

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 750 Linear Ft. 250

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: [signature]

IMPROVEMENTS PERMIT BY David R Hunsu, EHC.

COMMENTS: Old existing M.H. to be moved off so repair lines can be installed underneath where it is sitting. Remove 5'+ of upper line of original drainfield where newer M.H. has been located. Install Bull Run valve as shown. Pump tank to facilitate repair.

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