4626-35-7177

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 DAVID HAYES DATE 11/13/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TL 1445 (KEMP RD) 4th RESIDENCE ON LEFT (~ 1/2 MILE) S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 88 SECTION OR BLOCK NO. 8

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

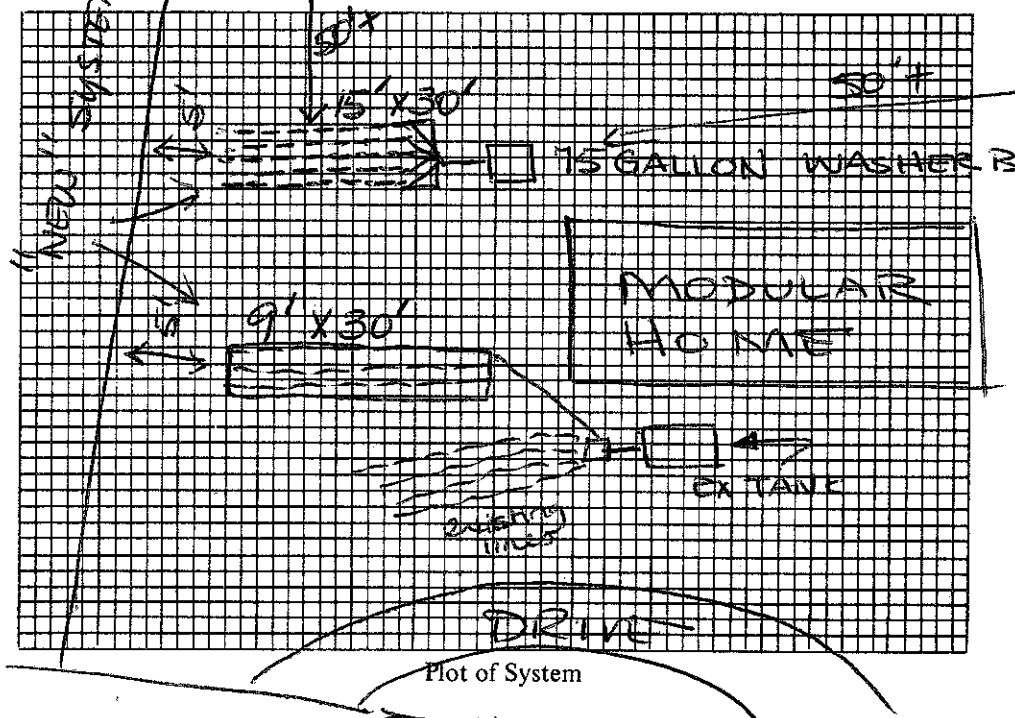
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	7.4 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area EXISTING

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

split repair



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field: ~~Trench~~ POWER

No. of Lines 3

Sq. Ft. 270 Linear Ft. 90

Depth of Stone in Lines 18"

Water Supply: Individual (✓)
Public ( )

Installed by AAA ENTERPRISES

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

Signed: _____

75 gal washer tank
15' X 30' (150 ~~lineal~~ ft 450ft²)
18" STONE

IMPROVEMENTS PERMIT BY DR HINSON, RS

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 11/13/87

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

10:45 AM

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 David F. Hayes DATE 5-4-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1445 (Kemp Rd) 4th residence on left (white mobile) S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 88 SECTION OR BLOCK NO. 8

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

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 _____

Percolation Rate _____

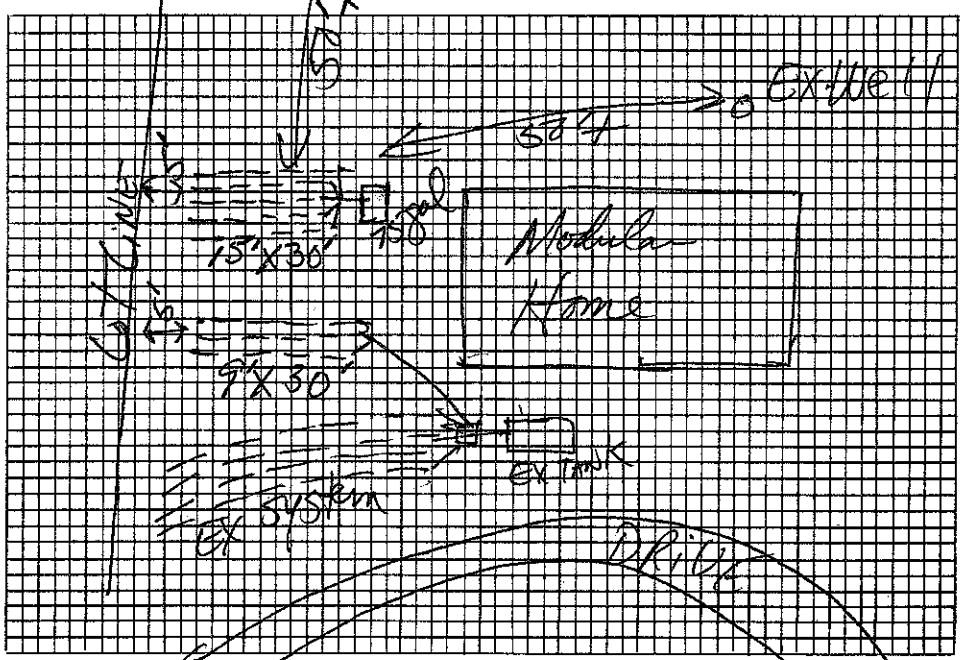
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing split repair

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 270 Linear Ft. 90

Depth of Stone in Lines 18"

Water Supply: Individual ( )

Public ( )

Installed by _____

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

X Signed: David F. Hayes

75 gal washer tank

15'X30' (150 lin ft 450 ft²)

18" stone

IMPROVEMENTS PERMIT BY D.R. Hinson, RS

COMMENTS: Separate washing machine into its own system.

→ 1st System OK (9X30') → ACTUALLY 10'X30'

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