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 Bill Robertson DATE 5-28-82 PERMIT NO. 158

PHONE: Business _____ Home _____

LOCATION 700 TR 1115 ½ past Church on private road 2nd lot on left S. R. No. _____

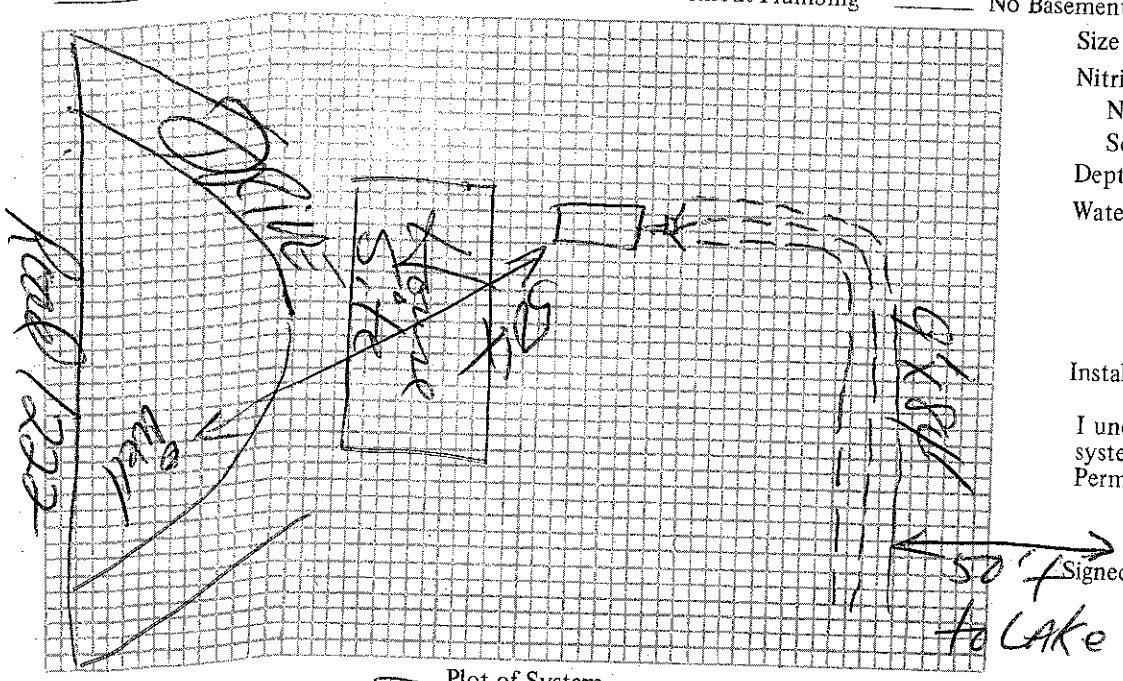
SUBDIVISION NAME L.N. Clatt LOT NO. 50 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 30
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table Unk. (4FT)
Lot Area 3/4 AC			Rock or other impervious formations none Enc.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 150 Linear Ft. 250
Depth of Stone in Lines 18"

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: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 5-28-82

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

9:30 4:30

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

168

OWNER OR CONTRACTOR Bill Robertson DATE 5-30-79 PERMIT NO. [illegible]

PHONE: Business _____ Home _____

LOCATION 1100, TR on 1115 T. L. past Church on private rd 2nd lot on left S. R. No. _____

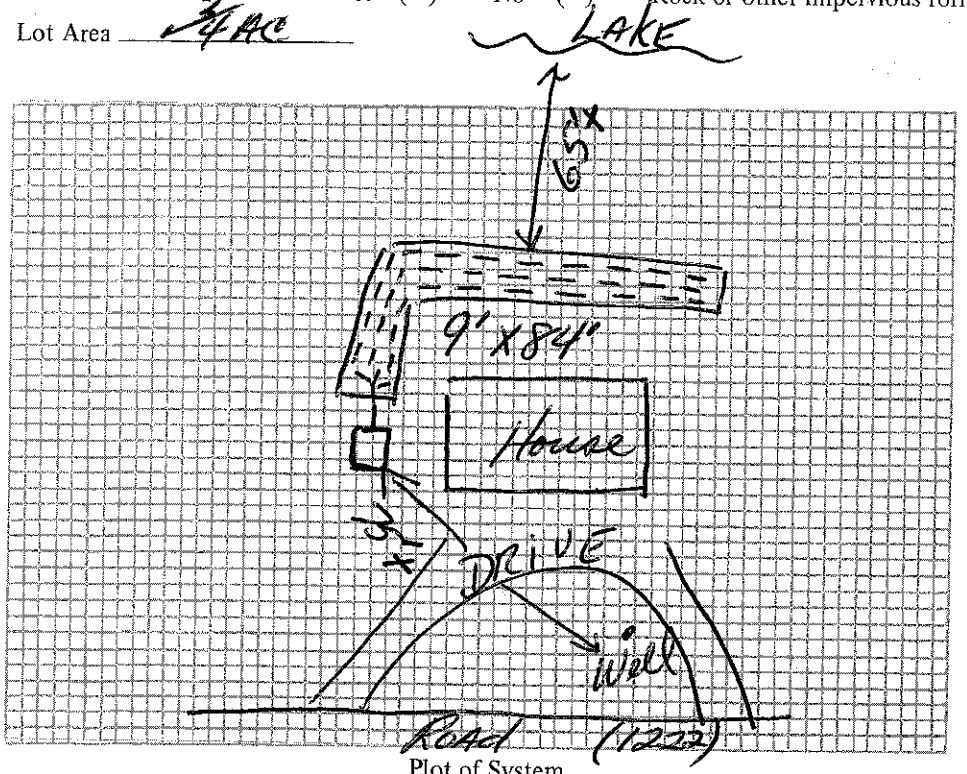
SUBDIVISION NAME _____ LOT NO. 50 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	60 min +
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	hilly
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4 ft +
			Rock or other impervious formations	none obs.

Lot Area 3/4 AC



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16" +

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY David R. Henson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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