4626796943

11131

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 Edward Dwyer DATE 7/9/90 PERMIT NO. ZL-Z-A-511

PHONE: Business _____ Home _____

LOCATION 1100 TR Blume Immediate left Beech Tree TR Kings Cross Rd. At end on right S. R. No. _____

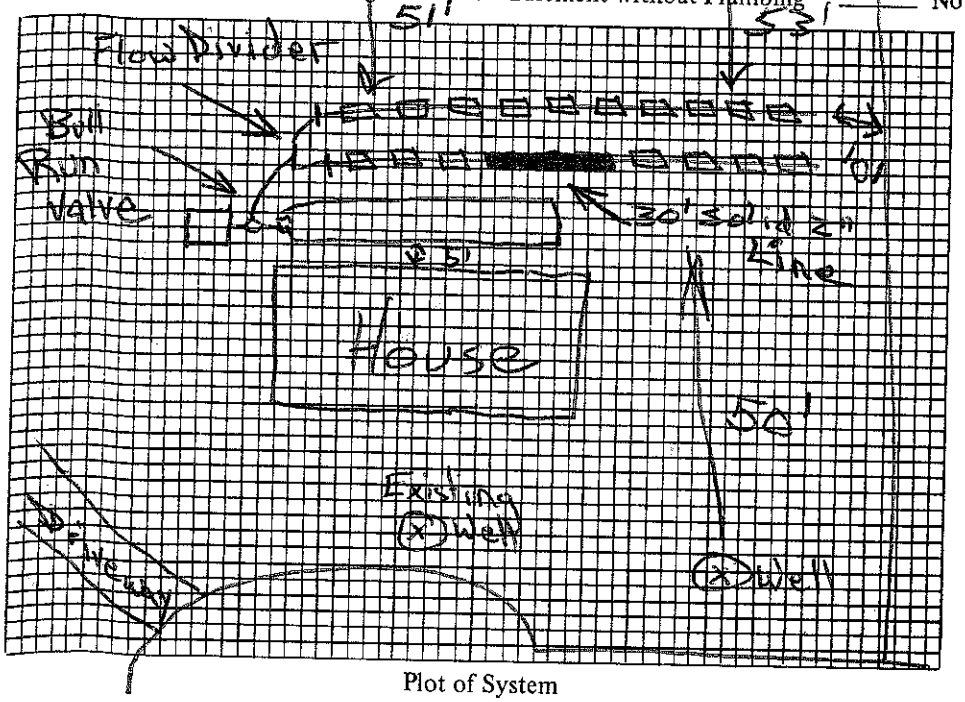
SUBDIVISION NAME Clat LOT NO. 511 SECTION OR BLOCK NO. 8

House (✓) Mobile Home ( ) Business ( ) Other Addition Existing system served 2 Bdr.

No. Bedrooms 3 No. Bathrooms 2

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

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1@100 1@68'

Sq. Ft. _____ Linear Ft. 168'

Depth of Stone in Lines _____

Water Supply: Individual (✓) T+J Panel 16'

Public ( )

Installed by Edward Dwyer

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing well abandoned New well not installed at time of final

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 7/9/90

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

10:00

11131

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 Edward Dwyer DATE Mar 16, 1990 PERMIT NO. 2L-2-A-511

PHONE: Business _____ Home _____

LOCATION 1100 TR Blume Immediate left Beech Tree TR Kings Cross Rd. At end on right S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 511 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition
Existing System served 2 Bdr.

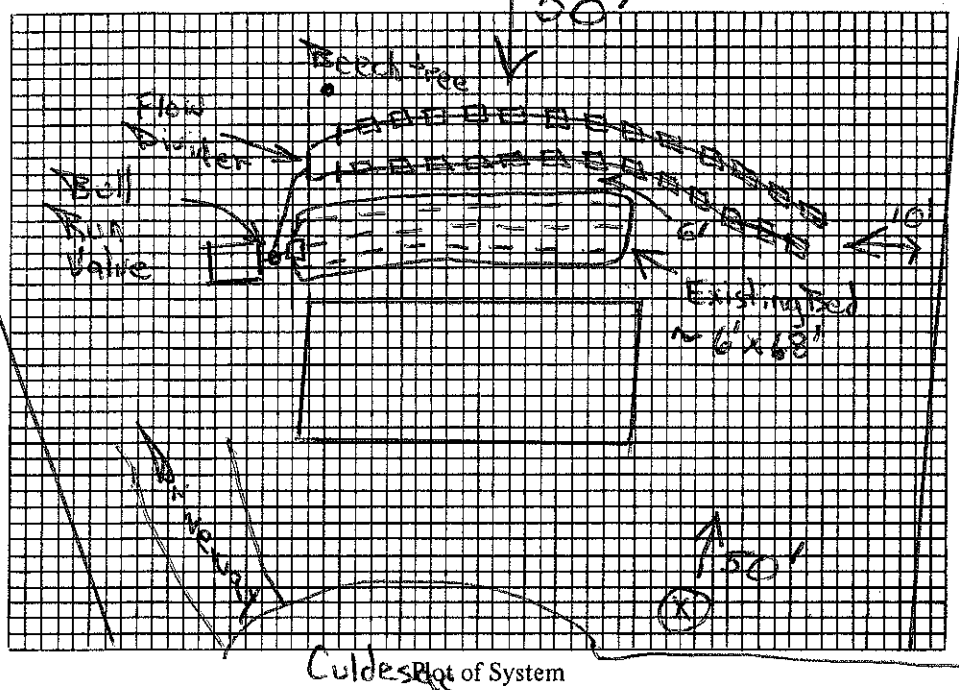
No. Bedrooms 3 No. Bathrooms 2

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 _____

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2@85
Sq. Ft. _____ Linear Ft. 170'
Depth of Stone in Lines 16" T+T
Water Supply: Individual (✓) Panel
Public ( ) System
19 Panels

Installed by _____

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

Signed: Phil Ruhe

IMPROVEMENTS PERMIT BY Sam Ingram EPS

COMMENTS: Flow Divider Distribution with 4:2 Reducer

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