4627689504

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 Mildred Scott DATE 5-1-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TR Paradise Peninsula Bear Rt. 1/8 mile on left S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 186 SECTION OR BLOCK NO. 10

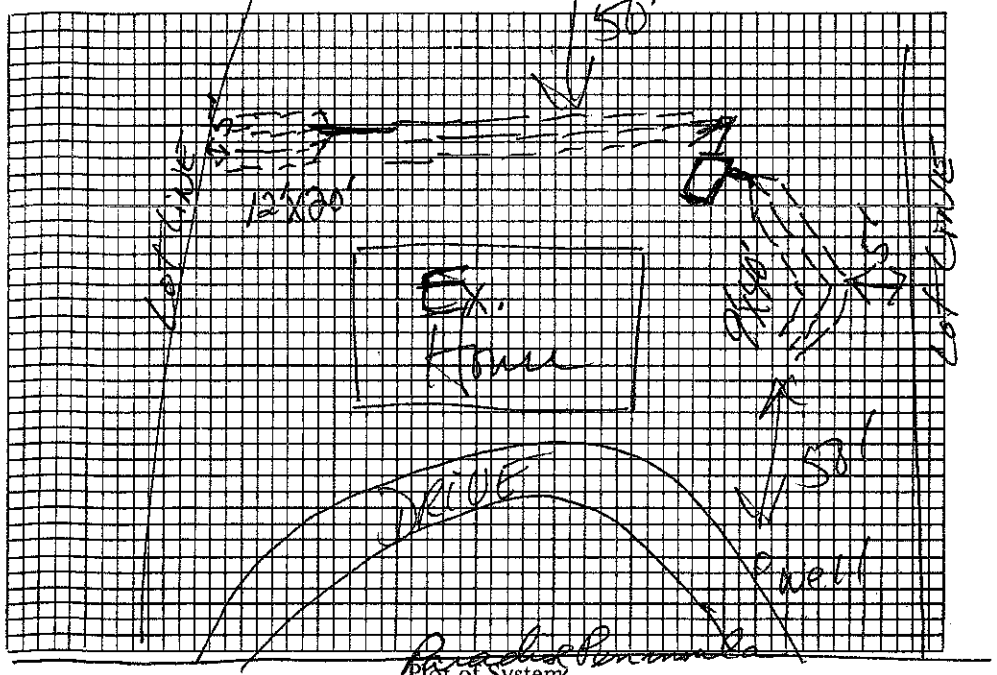
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 4 No. Bathrooms 3

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 _____
					Rock or other impervious formations _____

Lot Area Existing

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field: 9'x40'

No. of Lines 2 12'x20'

Sq. Ft. _____ Linear Ft. ~200' total

Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by Donald Jackey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5-1-87

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

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 Mildred Scott DATE 4-3087 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150W TL Paradise Peninsula Rear Rt. ~1/8 mile on left S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 186 SECTION OR BLOCK NO. 10

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

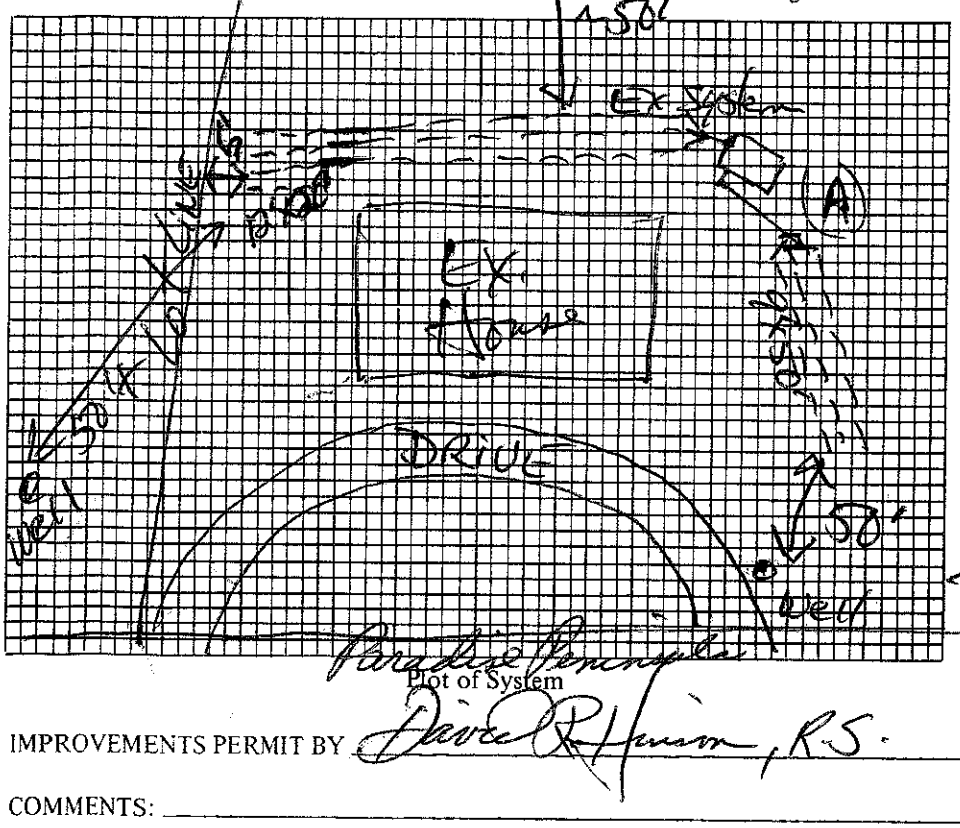
No. Bedrooms 4 No. Bathrooms 3

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

(Repairs)
A) Existing
Size of Tank _____ Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150
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.

X Signed Mildred Scott

B) Add as much to end of existing line as possible ~ 15'X20 with 24" stone

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

COMMENTS: _____

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