4627773494

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 JH Sanders DATE 6-21-22 PERMIT NO. 162

PHONE: Business _____ Home 664-1169

LOCATION From TL on 1911 TL on 1919 1m. on L

S. R. No. _____

SUBDIVISION NAME L.F. Brown/CL+T LOT NO. 154 SECTION OR BLOCK NO. 10

Site Address - 264 Greenbay Rd - Mrsvl.

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

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash Machine Yes (✓) No ( )

Trash Comp. Yes (✓) No ( )

Lot Area 2+ acres

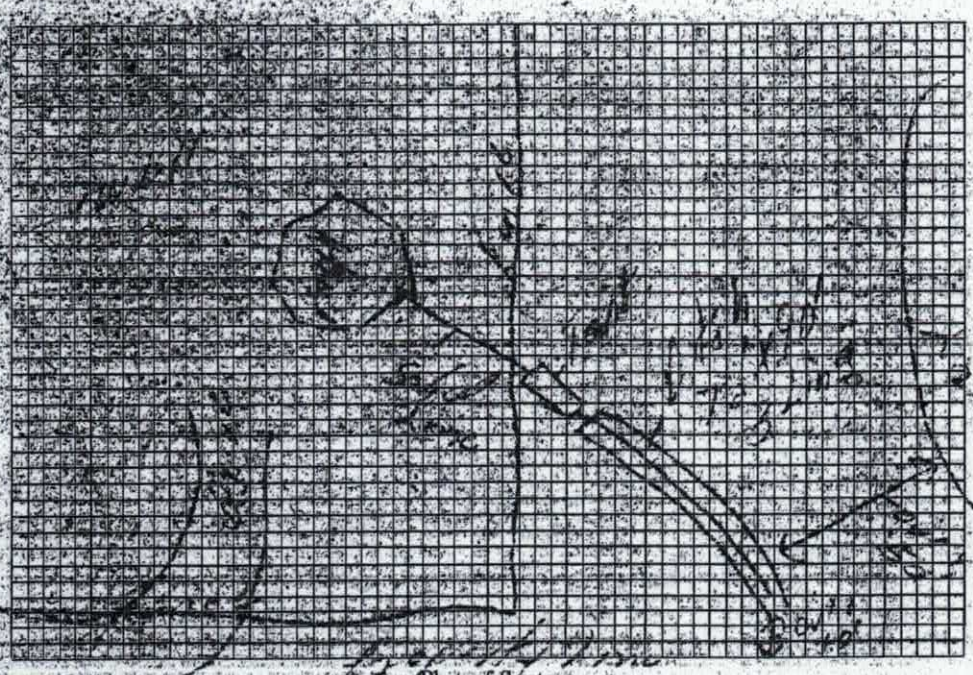
Character & Porosity of Soil Clay loam

Percolation Rate Not Taken

Topography Rolling

Depth to Water Table 10'

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 675 Linear Ft. 225

Depth of Stone in Lines 24"

Water Supply: Individual (✓)

Public ( )

Installed by Sanders

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 6-24-22

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

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 _____ DATE _____ PERMIT NO. 171

PHONE: Business _____ Home _____

LOCATION _____

S. R. No. _____

SUBDIVISION NAME _____ /CL+T LOT NO. 154 SECTION OR BLOCK NO. 10

Site Address: 264 Brunbay Rd - Mrsvl.

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

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area _____

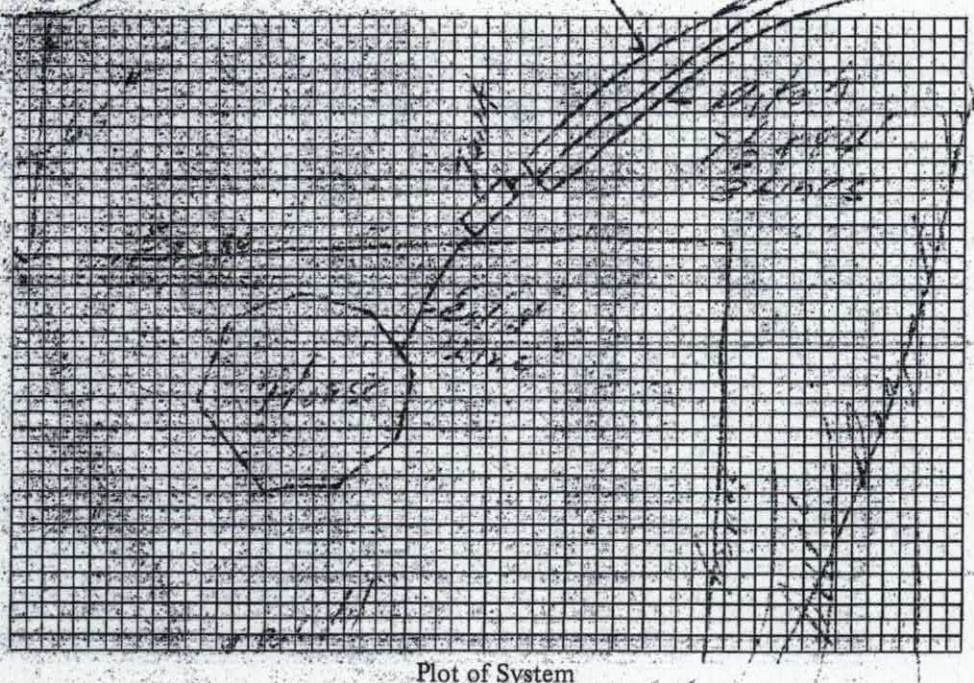
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 250

Depth of Stone in Lines 24"

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

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