4627810245 ✓ III

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 Jim Streetman DATE 7/21/89 PERMIT NO. _____

PHONE: Business Brawley School Rd Home Blume – Beaten Path * 646 Beaten Path Rd - Mrs

LOCATION 1100 TR 1178 TL 1443 TL 1444 (Beaten Path)
3rd lot on R. past Honeysuckle Lane S. R. No. _____

SUBDIVISION NAME CLiT LOT NO. 1540 SECTION OR BLOCK NO. 9

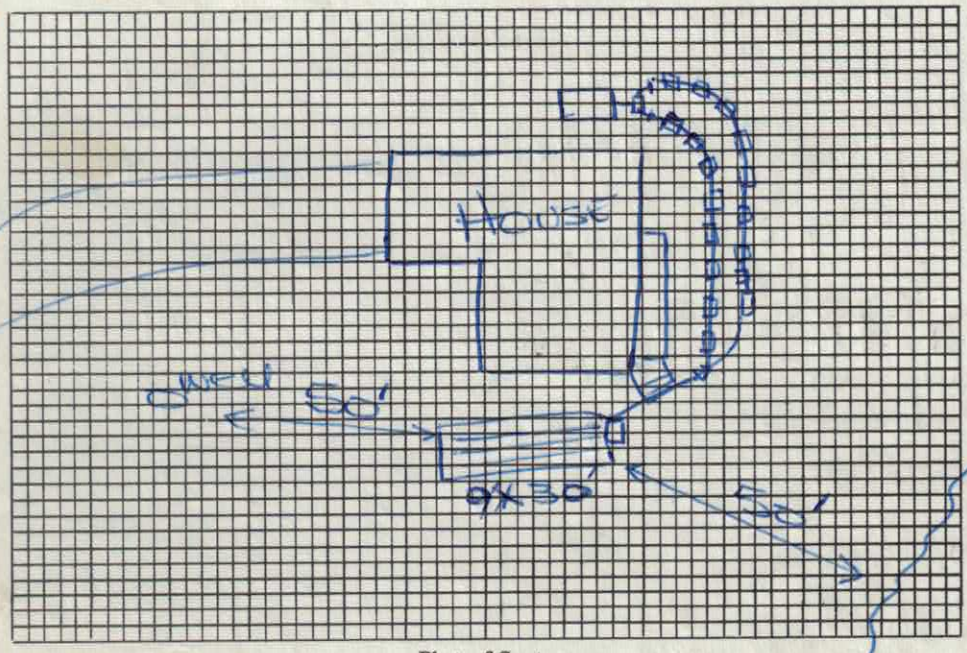
House (✓) Mobile Home ( ) Business ( ) Other REPAIR

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2?0
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank existing 1250 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.

Signed: _____

IMPROVEMENTS PERMIT BY Andrie C. Pierce

COMMENTS: ~~Add~~ This repair may give some relief to the previous malfunction so that the existing (original lines) start to absorb water. This is the intent of the repair.

CERTIFICATE OF COMPLETION BY Andrie C. Pierce, R.S. DATE July 21, 19

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 Jim F. Streetman DATE 5/18/89 ~~PERMIT NO.~~

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TL 1443 TL 1444 (Beaten Path)
3rd lot on Rt. past Honeysuckle Lane. S. R. No. _____

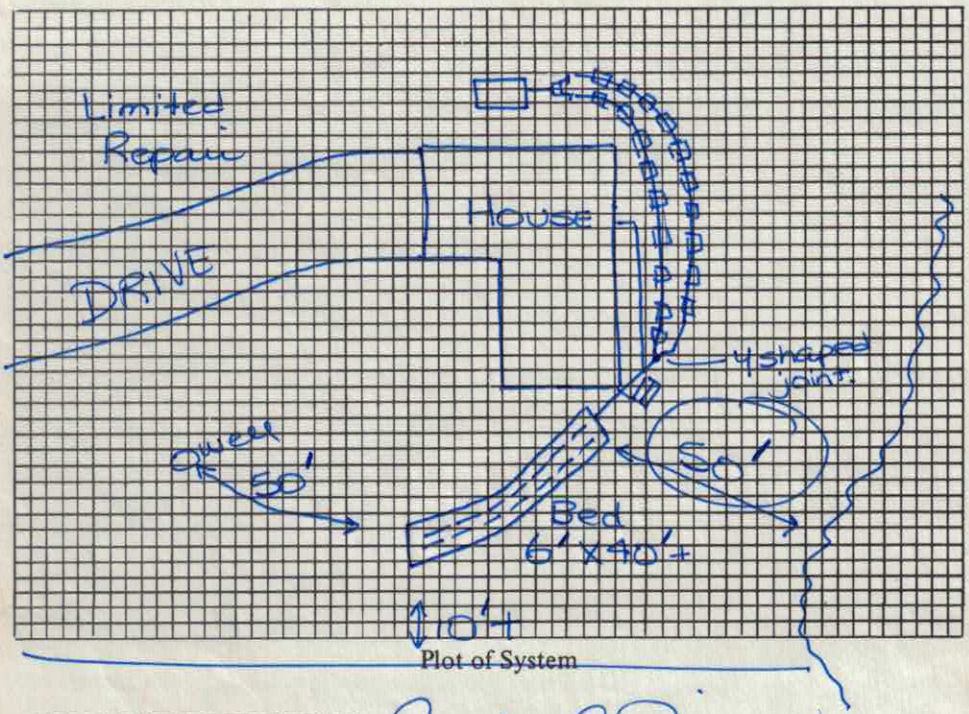
SUBDIVISION NAME CL and T Lake Norman LOT NO. 540 SECTION OR BLOCK NO. 9

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

No. Bedrooms 3 No. Bathrooms 2½
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ½ A. +

Character & Porosity of Soil Clay
Percolation Rate ~.4
Topography 2%0
Depth to Water Table 4'+
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank existing 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 240 Linear Ft. 80+
Depth of Stone in Lines 12"-18"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Jim F. Streetman

IMPROVEMENTS PERMIT BY Andrew C. Pierce

COMMENTS: Keep repair bed as SHALLOW as possible. Keep bed bottom level and any part of system must be 50' from well or lake. Use same size pipe in panels to access new bed (1½-1¼").

CERTIFICATE OF COMPLETION BY may put in 9' bed. 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