4627820064

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 Odell Mullis DATE 4-17-86 PERMIT NO. 184

PHONE: Business _____ Home _____

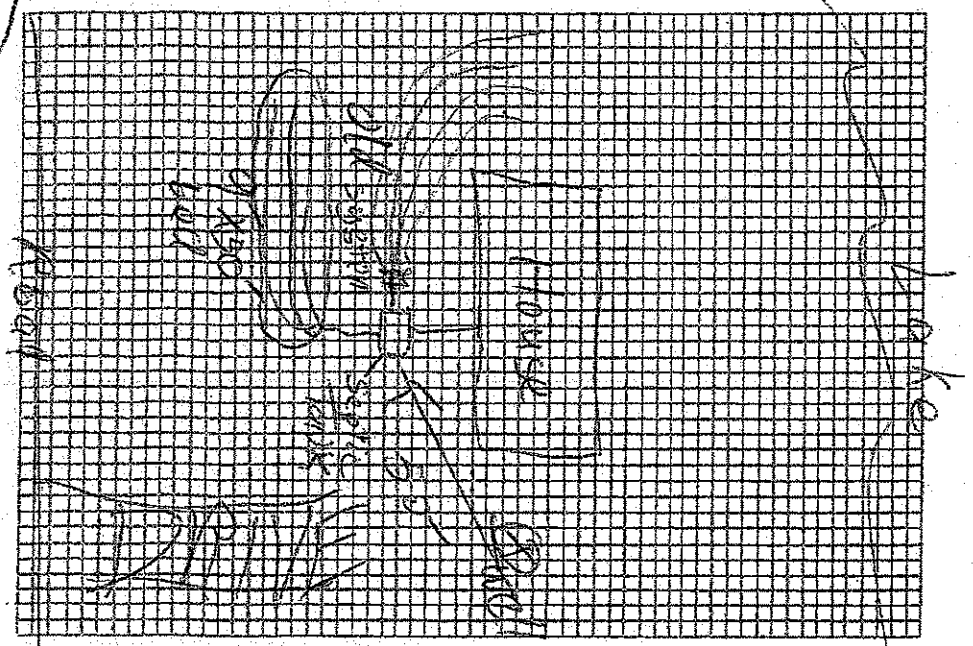
LOCATION ~~115~~ 1100 TR on Blume TL on Beaton Path TR on Honeysuckle 1st lot on R S. R. No. _____

SUBDIVISION NAME L.I.N. LOT NO. _____ SECTION OR BLOCK NO. 9

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

No. Bedrooms _____ No. Bathrooms _____
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 Existing
Rock or other impervious formations _____



Size of Tank Existing 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 Sigmon

IMPROVEMENTS PERMIT BY CKB

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Brandt DATE 4-17-86

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 Odell Mullis DATE 4-2-86 PERMIT NO. 133

PHONE: Business _____ Home _____

LOCATION #5 Brawley School Rd TR on Blume TL on Beaten Path Bear left at fork ~½ mile on R TR on Honeysuckle 1st lot on R S. R. No. _____

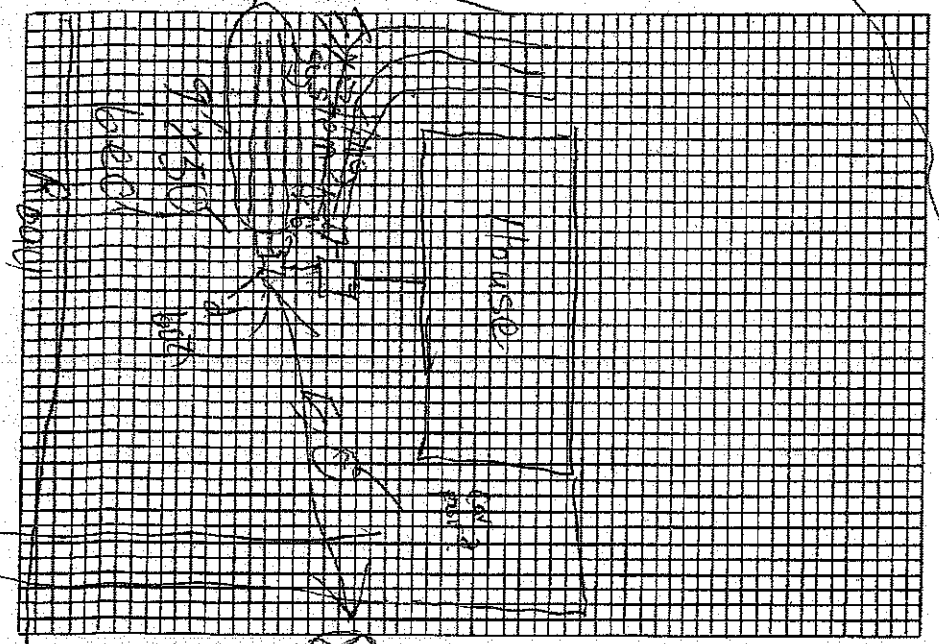
SUBDIVISION NAME Lake Norman LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other ~~repair~~ repair

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ~~(✓)~~ No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20,000 EXISTING

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING
Depth to Water Table _____
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 3
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"
Water Supply: Individual (✓) 9x50' bed
Public ( )

Installed by _____

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

Signed: X Odell Mullis

IMPROVEMENTS PERMIT BY Charles K. Brent

COMMENTS: check T in tank and check to see if it need pumping tie into tank with new system and keep as shallow as possible

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