4628822168

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 Frank H. Mitchell DATE 6/11/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W, Rt on Waddell, Lt at end of Soc

S. R. No. _____

SUBDIVISION NAME CLT LOT NO. 301 SECTION OR BLOCK NO. 11

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

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 _____

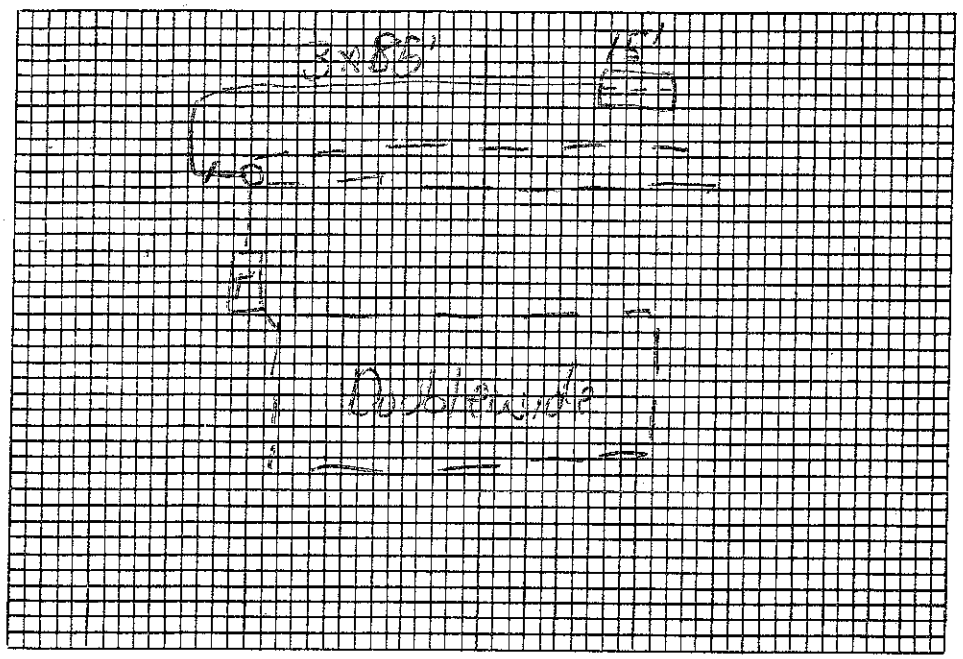
Topography EXIST

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 EXIST Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. 300 Linear Ft. 85' + 16' In Bed

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by Lavon Benton

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson RS

COMMENTS: 15' in bed at end of trench

CERTIFICATE OF COMPLETION BY _____ DATE 6/11/87

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

01-2044

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 Frank H. Mitchell DATE 5-14-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. Fr. on 1438 (Rhodhiss Rd) on Left on Cook Dr. S.R. No. _____

SUBDIVISION NAME C.N. LOT NO. 501 SECTION OR BLOCK NO. 11

S.W.

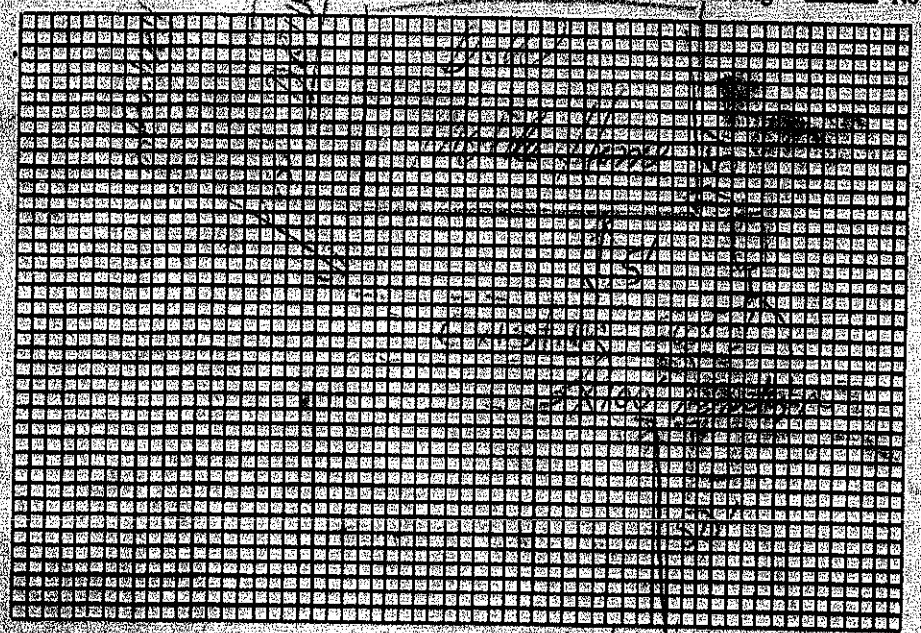
House ( ) Mobile Home (✓) Business ( ) Other Replace Mobile Home

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes ( ) No ( )
Lot Area Existing

Character & Porosity of Soil _____
Percolation Rate _____
Topography 5/26 After Mon. Dam
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System LAKE

Size of Tank Existing (1000) Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 200 Linear Ft. 100
Depth of Stone in Lines 24"
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 _____

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