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IREDELL COUNTY HEALTH DEPARTMENT

12634

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert A Miller DATE 10/11/91 PERMIT NO 28-2-A-35

PHONE: Business _____ Home 896-0106

LOCATION 115 S. TR 1102 (Lingerie Rd.) TR on Schooner Dr. on (L) at intersection with Teakwood Dr. S. R. No. _____

SUBDIVISION NAME Sailors Lair LOT NO. 35 SECTION OR BLOCK NO. _____

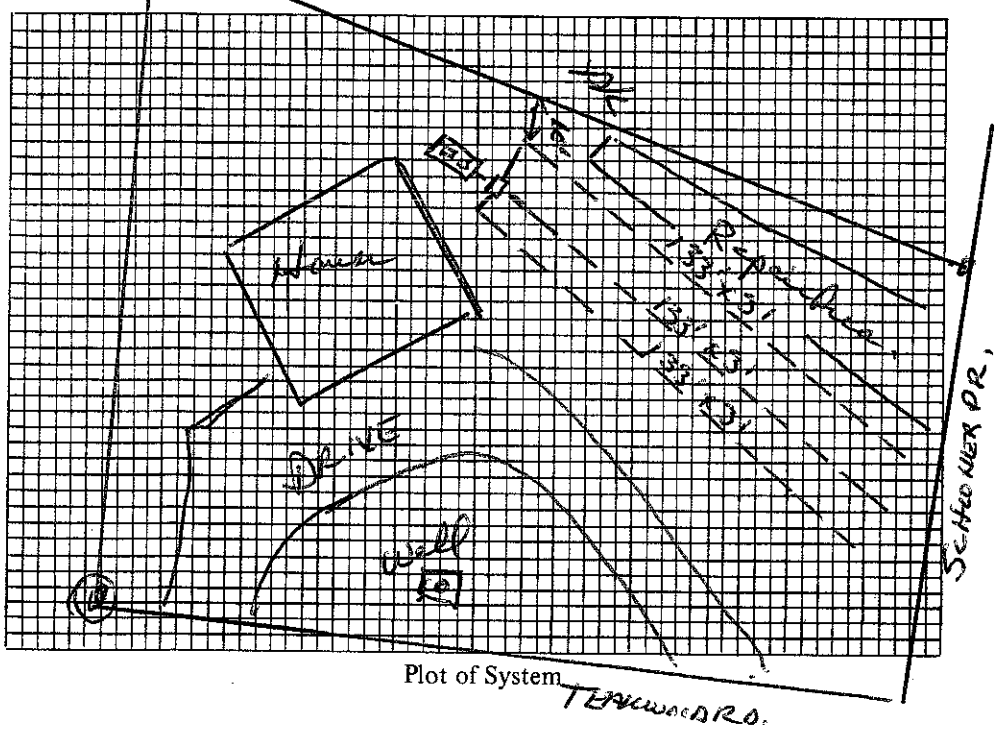
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No (✓)	Character & Porosity of Soil	P - C - (ss - wk structure)	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	35	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Flat	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	> 48"	
			Rock or other impervious formations	none observed	

Lot Area 30,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3 @ 133' x 3'
Sq. Ft. 1035 Linear Ft. 399
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.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System no deeper than 36" to trench bottom.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 10/11/91

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

14350

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert A. Miller DATE May 4 '92 PERMIT NO. 28-2-A-35

PHONE: Business _____ Home _____

LOCATION 145 S. TR 1102 (Jamtree) TR Schooner Ln. on left at jct w/ Teakwood

SUBDIVISION NAME Sailors Lair LOT NO. 35 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other constructing a storage bld (no plumbing)

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics _____

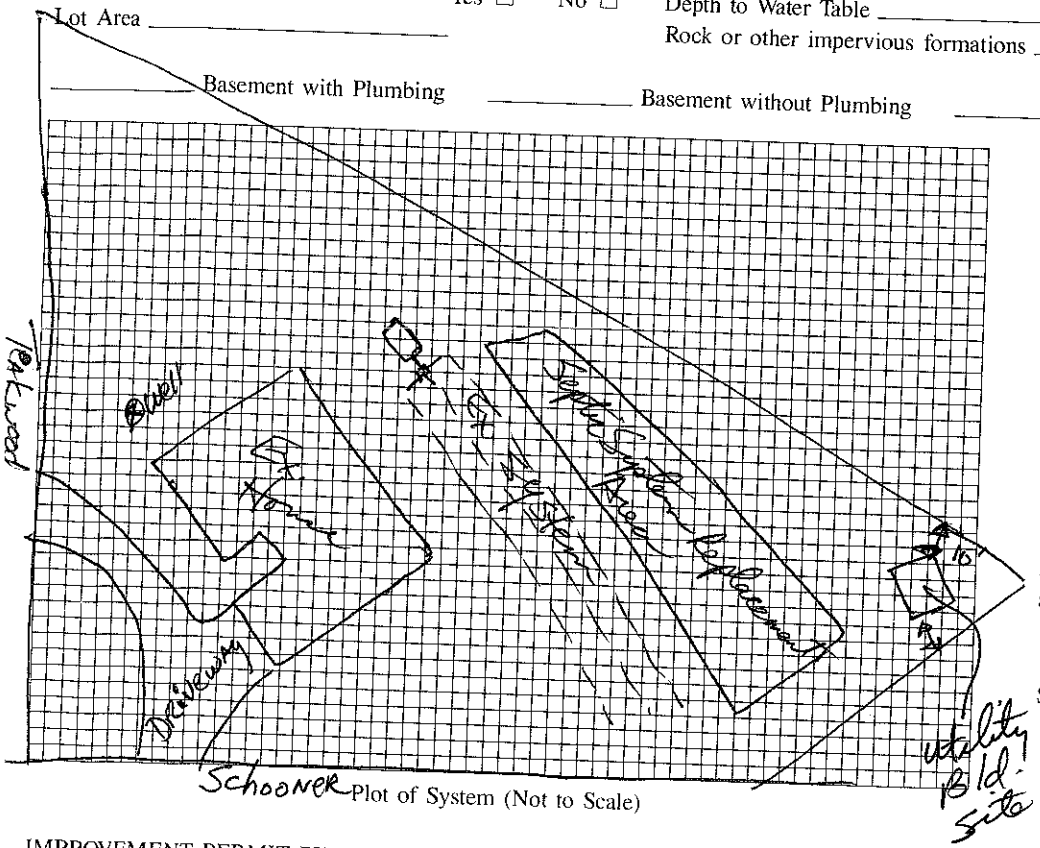
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ _____ Crawl Space ✓



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS Existing system showing no sign of malfunction. Storage building site in lower corner of lot and does not interfere with septic system area.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY D R Hinson RS. DATE 5/4/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold