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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 Don Hughes DATE 11-7-80 PERMIT NO. 337

PHONE: Business _____ Home _____

LOCATION 1102 TR 1268 ~2 Mile on R

S. R. No. _____

SUBDIVISION NAME Sailor's Lair LOT NO. 177 SECTION OR BLOCK NO. _____

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

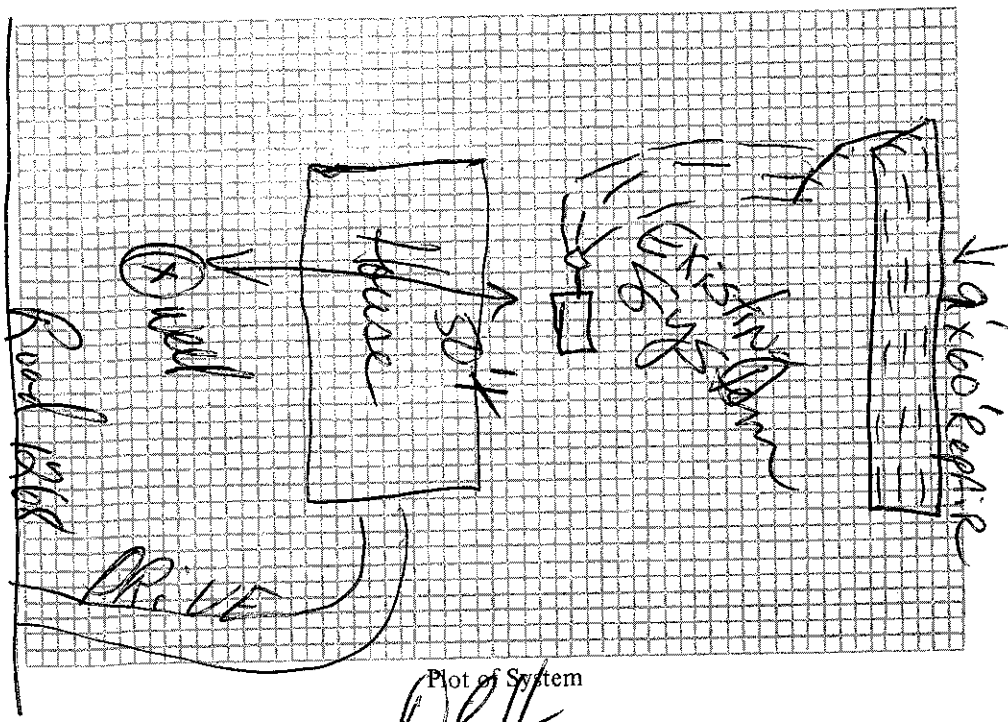
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (X)	No ( )
Auto. Dishwasher	Yes (X)	No ( )
Auto. Wash. Machine	Yes (X)	No ( )
Site Suitable	Yes (X)	No ( )

Lot Area ~½ Acre

Character & Porosity of Soil Existing System
Percolation Rate
Topography
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. 540 Linear Ft. 180
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by J. J. Gunn Co

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

Signed: _____

IMPROVEMENTS PERMIT BY ORH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Plummer DATE 11-7-80

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making provements 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 Luther Butner Builders DATE 12-13-10 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S TR on 1102 at end. TR. ½ mi on right S. R. No. _____

SUBDIVISION NAME Sailors Fair LOT NO. 17 SECTION OR BLOCK NO. _____

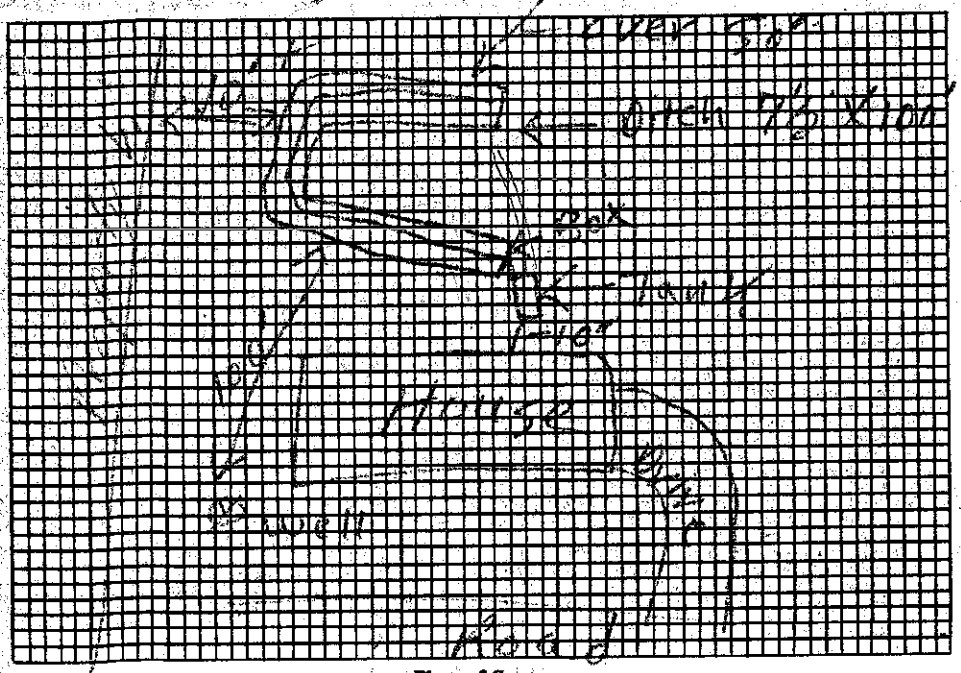
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

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

Character & Porosity of Soil Clay loam
Percolation Rate Soil borings
Topography 2% slopes
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area ¾ acre



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by E. J. Ervin

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 12-15-10

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