4634697343

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 George Beecher DATE Aug 31 '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TR1102 (Langtree) TR Schooner TR Teakwood at end on Right S. R. No. _____

SUBDIVISION NAME Sailor's Lair LOT NO. 1 SECTION OR BLOCK NO. _____

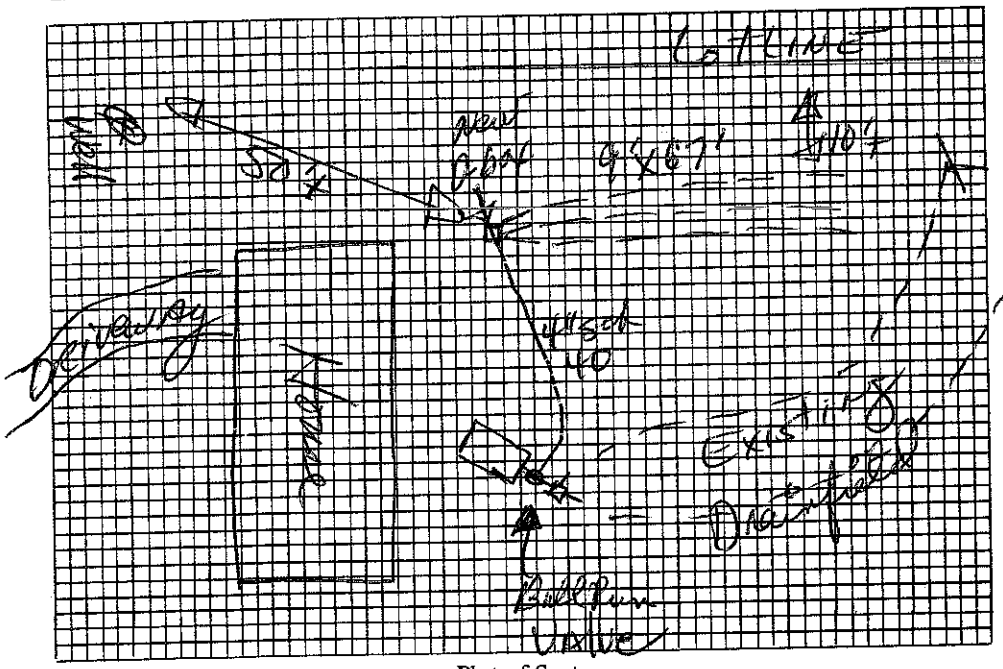
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1-4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
Site ~~Suitable~~ RS	Yes (✓)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	none obs.

Lot Area 20000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 9 x 67' Bed
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 18"

Water Supply: Individual (✓)
Public ( )

Installed by Otho Davis

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hunsucker, EHS DATE 8-31-90

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 George Beecher DATE 11-20-79 PERMIT NO. 398

PHONE: Business _____ Home _____

LOCATION 1153 TL on 1102

S. R. No. _____

SUBDIVISION NAME Sailors Lair LOT NO. 1 SECTION OR BLOCK NO. _____

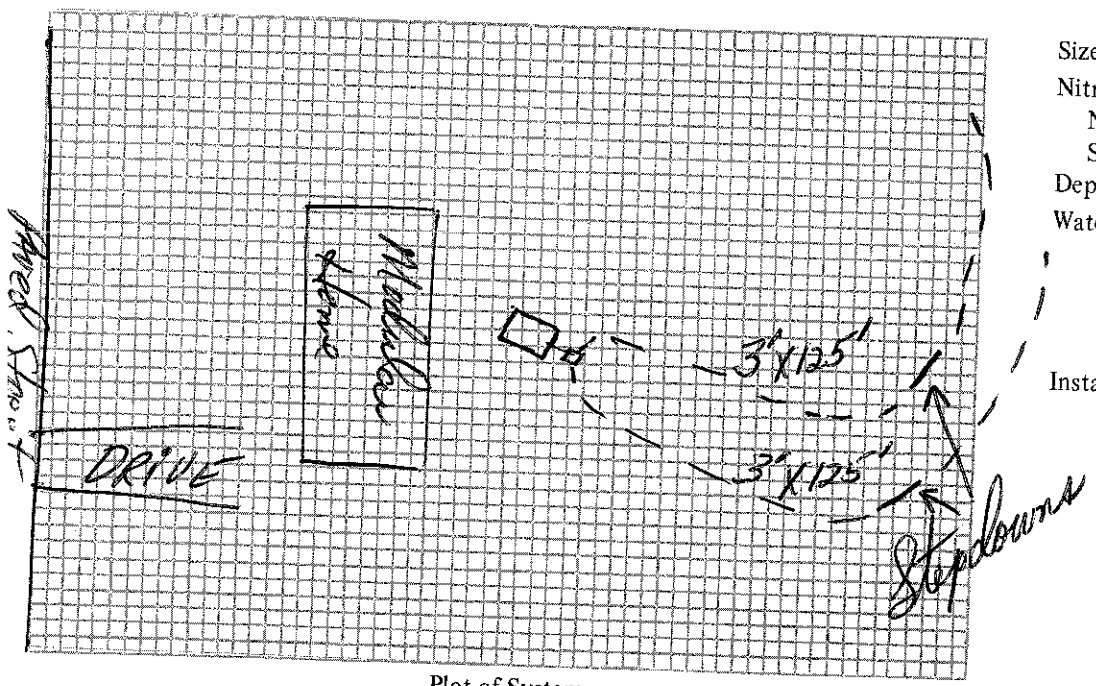
House ( ) Mobile Home ( ) Business ( ) Other _____

Modular Home

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	80 mpi
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	unk.
			Rock or other impervious formations	none obs.

Lot Area ~20,000 ft²



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by F.T. Ervin Const.

IMPROVEMENTS PERMIT BY M. R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Mark R. Hinson DATE 11-20-79

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