4635287116

IREDELL COUNTY HEALTH DEPARTMENT

12953

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

OWNER OR CONTRACTOR Eric B. Clay DATE June 10, '91 PERMIT NO. 26-2-A-24

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 (Shiloh Rimes) TR Stikeleather on Right S. R. No. _____

SUBDIVISION NAME Surfside Estates LOT NO. 24 SECTION OR BLOCK NO. _____

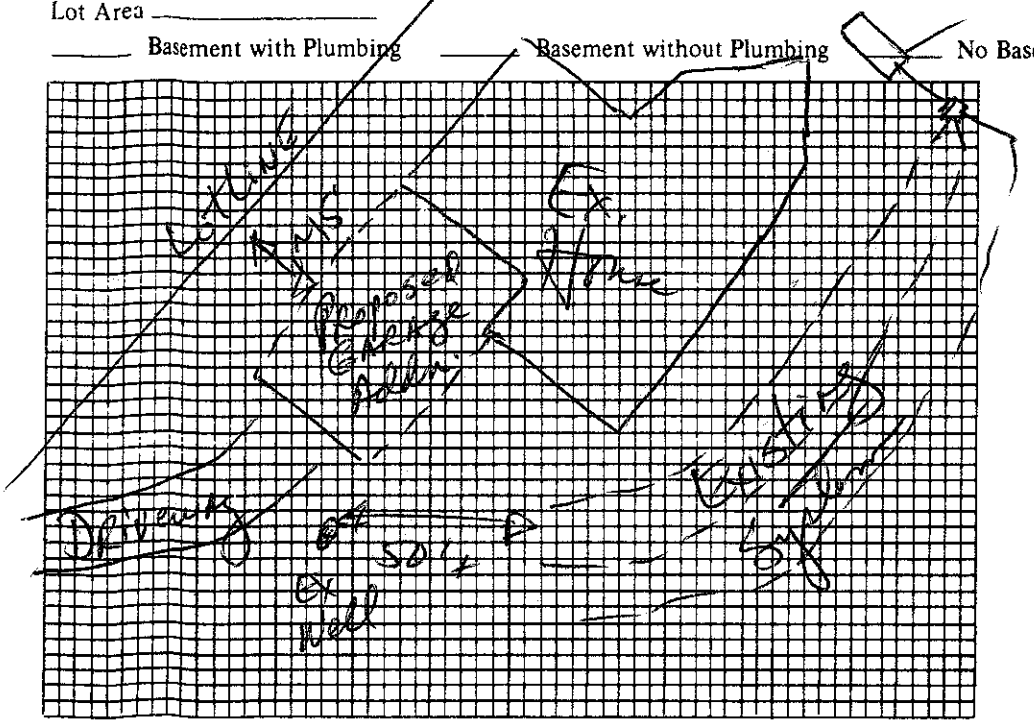
House (X) Mobile Home ( ) Business ( ) Other GARAGE Addition

No. Bedrooms _____ No. Bathrooms _____
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 _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no signs of malfunction at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. R. Hinson, RS. DATE 6/10/91

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

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IREDELL COUNTY HEALTH DEPARTMENT

11216

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

OWNER OR CONTRACTOR Eric Clay DATE Nov 13, 90 PERMIT NO 26-2-A-24

PHONE: Business _____ Home _____

LOCATION 100 TR 1113 (dirt rd) Linn TR 5 Ski Haven Dr.
on Right in curve S. R. No. _____

SUBDIVISION NAME Surfside Estates LOT NO. 24 SECTION OR BLOCK NO. _____

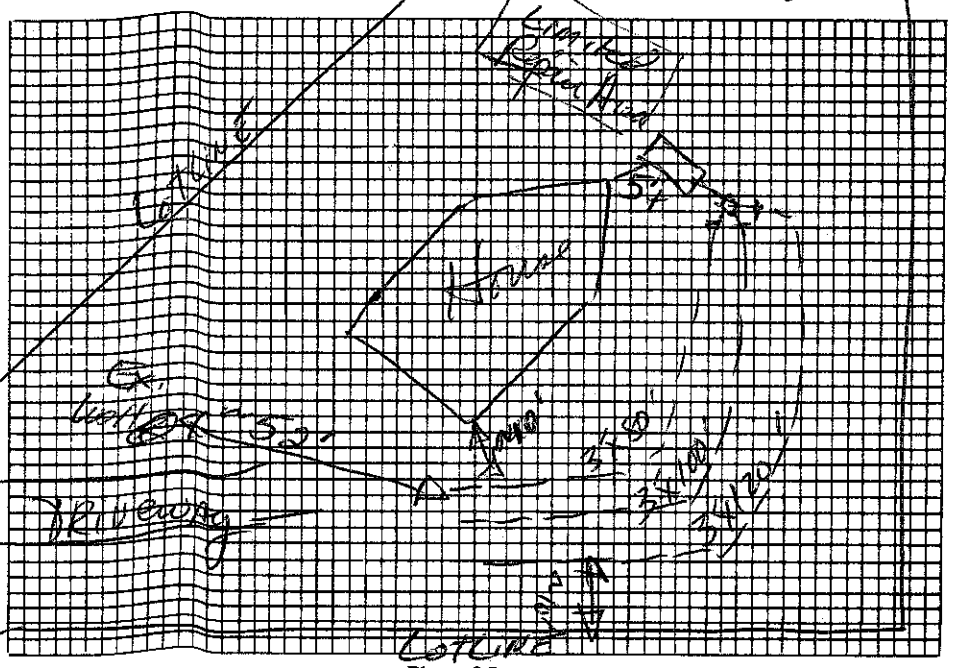
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ls clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2, 4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	5%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	84
			~~Rock or other impervious~~ formations	none obs.

Lot Area Existing (>20000 ft²)

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Mike Seaza

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Upper line deep (~3' cover), no problem seen w/ soil

CERTIFICATE OF COMPLETION BY David R. Hinson, EHS DATE 11-13-90

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