4635 37 1928

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 James D. Cabe DATE 2-20-85 PERMIT NO. 44

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 1.5 miles on R on corner of St. Haven Place + Isle of Pines Road S. R. No. _____

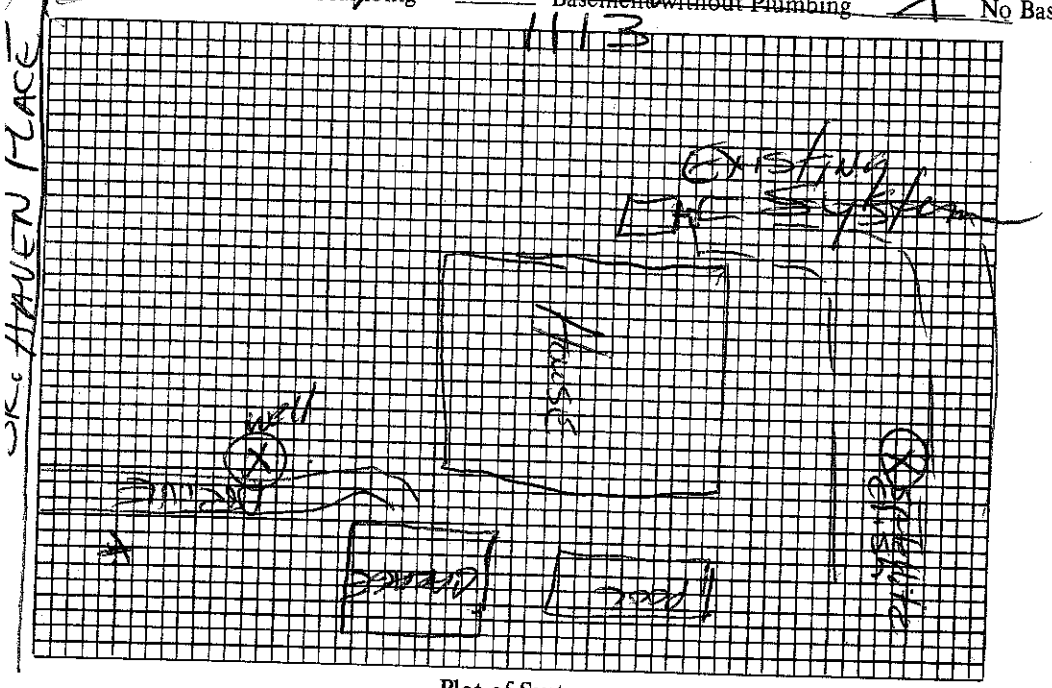
SUBDIVISION NAME Surfside Estates LOT NO 29+30 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Garage / No Plumbing / Accessory building

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	
Garbage Disposal Unit	Yes ( )	No (X)		Percolation Rate	
Auto. Dishwasher	Yes (X)	No ( )		Topography	Existing
Auto. Wash. Machine	Yes (X)	No ( )		Depth to Water Table	System
Site Suitable	Yes (X)	No ( )		Rock or other impervious formations	

Lot Area Existing

_____ 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 Fred Clemmer

COMMENTS: Existing System working ok at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 2-20-85

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 4635371928

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

OWNER OR CONTRACTOR Jones Cabe DATE 8-3-84 PERMIT NO. 251

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 2 Miles oN R oN Corner of 1st
1197 (Skyhaven) S. R. No. _____

SUBDIVISION NAME Sunside Estates LOT NO 29+30 SECTION OR BLOCK NO. _____

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

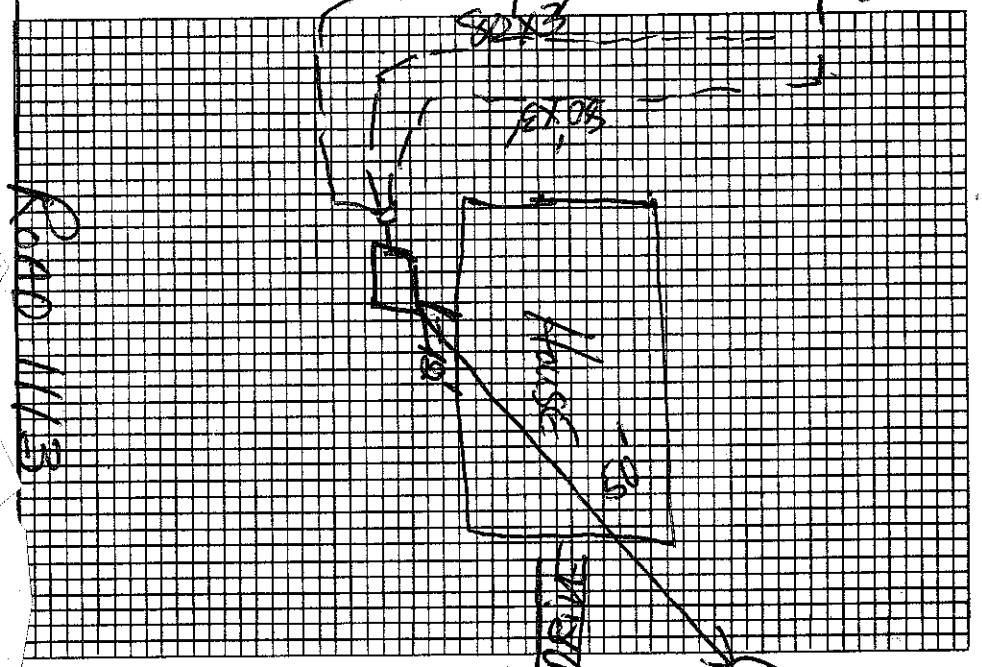
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate 0.5 gal/ft²/day
Topography 2-6% R
Depth to Water Table 4'
Rock or other impervious formations None Obs.

Lot Area 20,000+/- 22

_____ Basement with Plumbing 80x42 Basement without Plumbing _____ X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12
Water Supply: Individual (X)
Public ( )

Installed by J.R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY J. Clemmer

COMMENTS: Road 1197

CERTIFICATE OF COMPLETION BY Jack Clemmer DATE 8-3-84

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