4635698150

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 Howard Realty DATE July 7, '88 PERMIT NO.

PHONE: Business Home

LOCATION 1100 Tr 1112 (Stutts Rd.) Tr 2nd Commodore Loop
Tr Sanford Dr. ~400' on Rt S. R. No.

SUBDIVISION NAME Commodore Pen. LOT NO. 94 SECTION OR BLOCK NO.

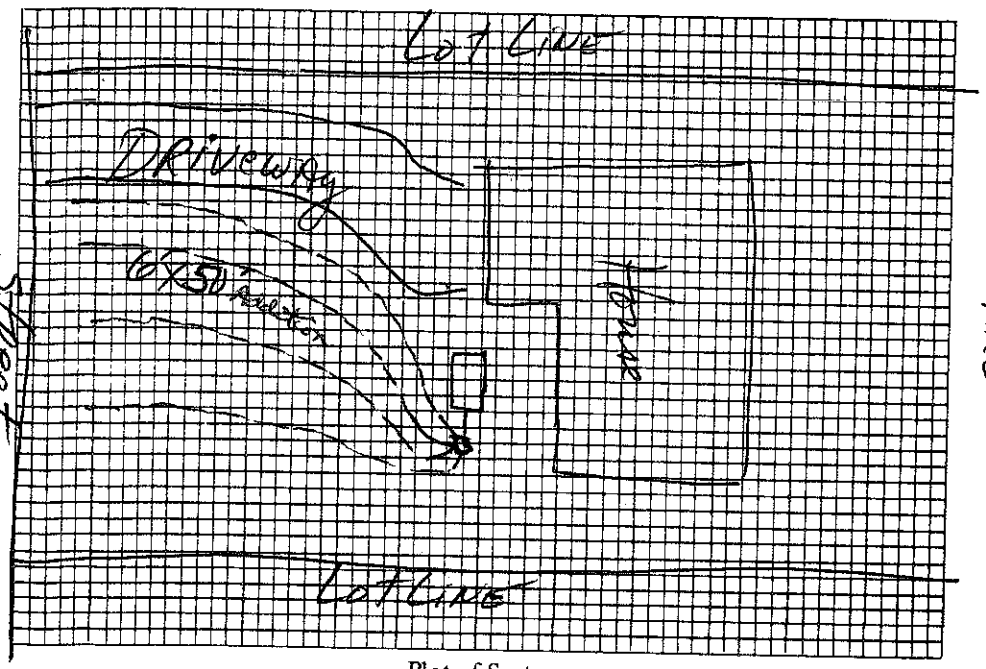
House (✓) Mobile Home ( ) Business ( ) Other Addition to sewage system based on house size

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3-4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%	
Site ~~Suitable~~ PS	Yes ( )	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none obs.	

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 6 x 50'
Sq. Ft. 300 Linear Ft. 100'+
Depth of Stone in Lines 12"+
Water Supply: Individual (✓)
Public (✓) CW

Installed by S D Howard

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 Hinson, RS. DATE 7-7-88

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 J.R. Wilcox DATE 6-15-78 PERMIT NO. 124

PHONE: Business _____ Home 932-8177

LOCATION 1100 Tl 1112

SUBDIVISION NAME Connestee Falls LOT NO. 94 SECTION OR BLOCK NO. _____ SUB. No. _____

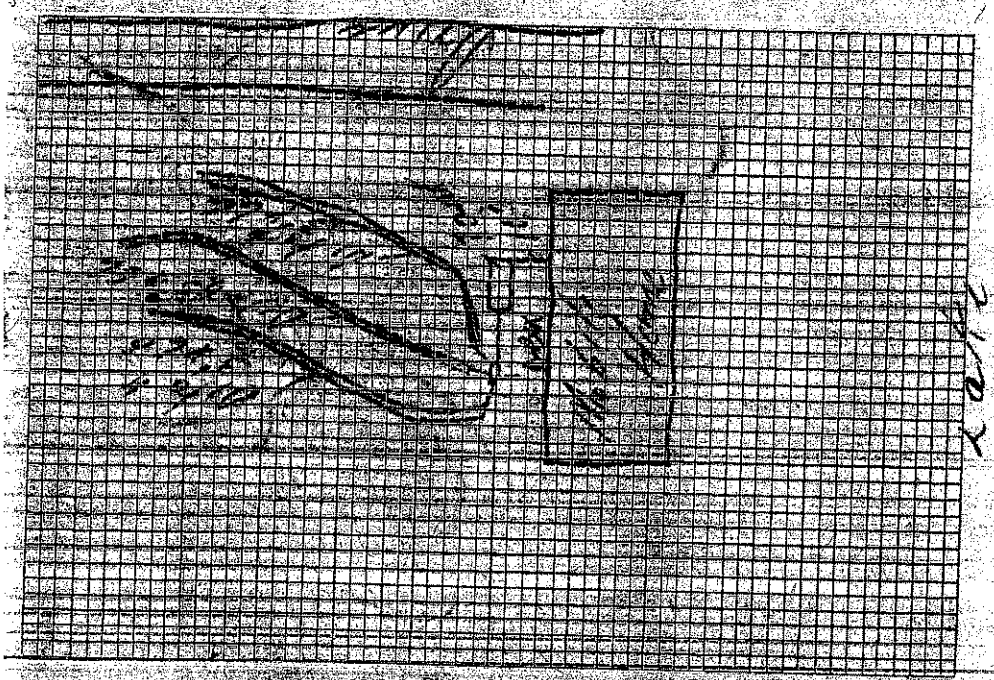
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

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 40 min/in
Topography 5% slope
Depth to Water Table 6'-8'
Rock or other impervious formations None

Lot Area 15,000 sq ft



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 800
Depth of Stone in Lines 24"
Water Supply: Individual ( )
Public (✓)

Installed by Lain Tanks

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 6-15-78

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