PIN# 4636-44-3275

IREDELL COUNTY HEALTH DEPARTMENT

Repair

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Tom & Martha Kirby DATE 11/15/91 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1100, TL 1112 (Stutts Rd.) TR Fairway Estates ~ 300' on Left

SUBDIVISION NAME Fairway Estates S. R. No. ____

LOT NO. 218 SECTION OR BLOCK NO. ____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 FT²

Character & Porosity of Soil Existing System

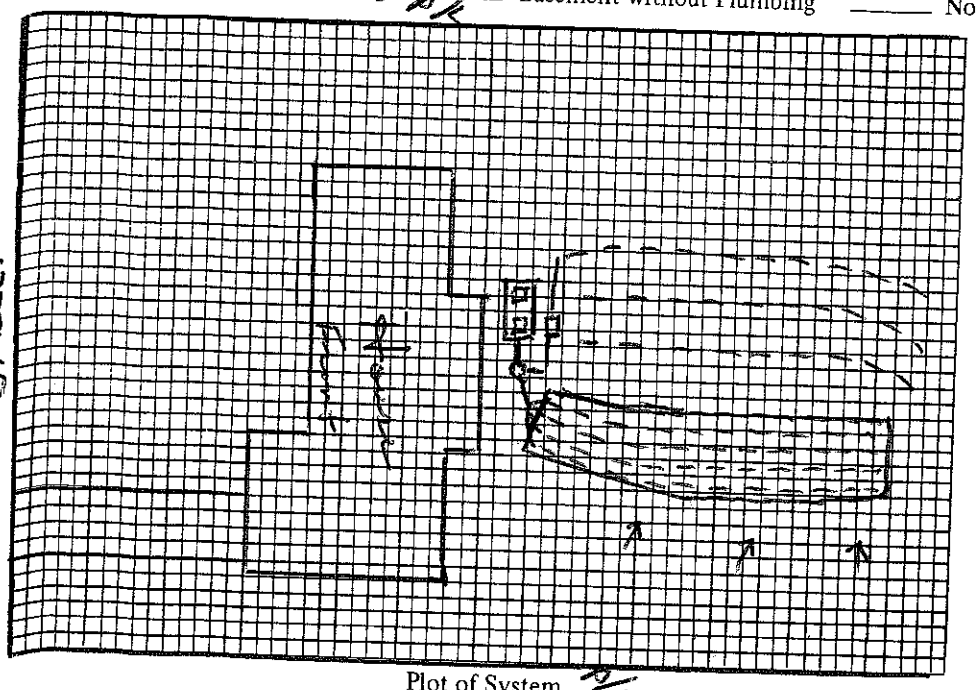
Percolation Rate ____

Topography ____

Depth to Water Table ____

Rock or other impervious formations ____

____ Basement with Plumbing N/A ____ Basement without Plumbing ____ No Basement



Plot of System N/C

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 12' x 70'

Sq. Ft. 840 Linear Ft. 280

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Nelson Heathcock

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: Deep bed - good soil conditions at this depth.
Bull Run Valve installed

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 11/15/91

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 Tom & Martha Kirby DATE June 23, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 (Stutts Rd.) TR Fairway Estates ~300' on left S. R. No. _____

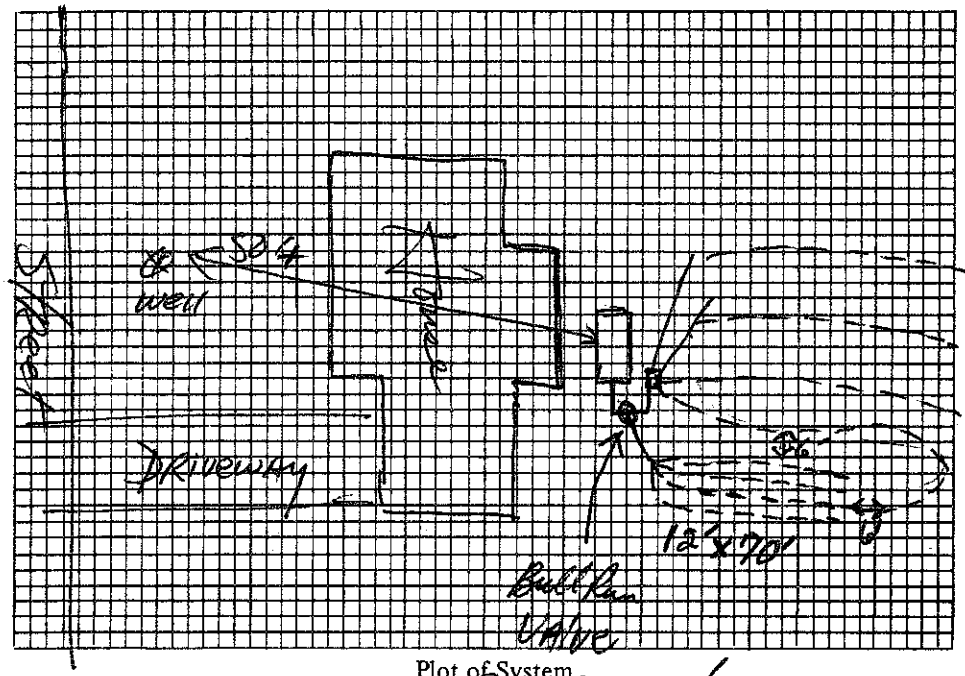
SUBDIVISION NAME Fairway Estates LOT NO. 218 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		
Site ~~Suitable~~ IS	Yes (✓)	No ( )	Depth to Water Table		
Lot Area 20000ft²+			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 12'x70' Bed
Sq. Ft. 840 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Mark R. Henson L.S.

COMMENTS: Set Bull Run Valve between existing tank and D-box. Direct flow to new field. Uncover existing D-box and use 5 speed levelers to adjust flow. Install new drainfield no deeper than needed.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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 G&O Contractors DATE Feb 13, 87 PERMIT NO. 64

PHONE: Business _____ Home _____

LOCATION 1180 TR 1112 (Stutts Rd.) TR just past Mallard Head Woods onto Fairway Drive S. R. No. _____

SUBDIVISION NAME Fairway Estates LOT NO. 218 SECTION OR BLOCK NO. _____

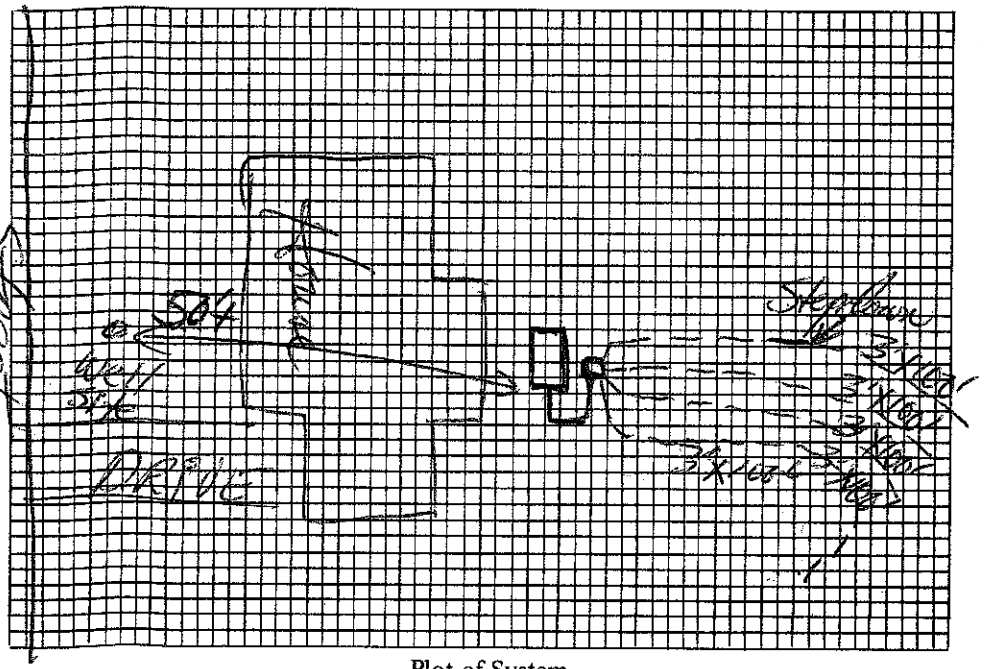
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	23	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Flat	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4ft+	
			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 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J Evans

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

Signed: _____

IMPROVEMENTS PERMIT BY JKH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY JK Hinson, R.S. DATE Feb 13, 87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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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 G & O Contractors DATE Jan. 13, '87 PERMIT NO. 10

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 (Stutts Rd.) TR just past Mallard Head Condos onto Fairway Drive S. R. No. _____

SUBDIVISION NAME Fairway Estates LOT NO. 218 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20000 sq ft

Character & Porosity of Soil clay

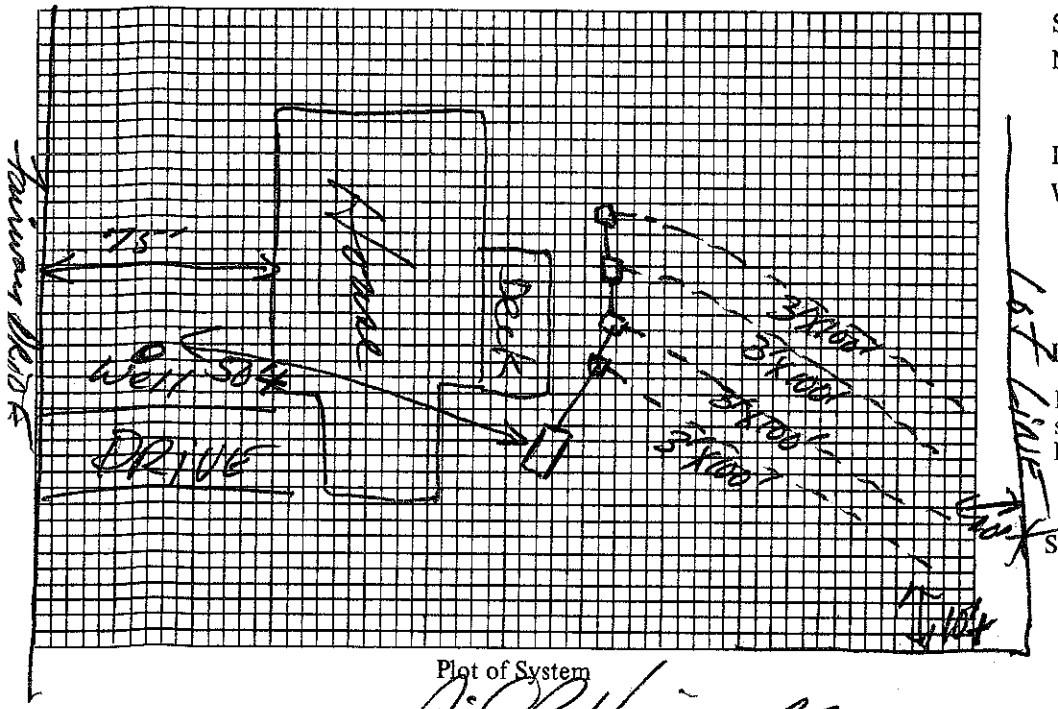
Percolation Rate #3

Topography 2-6%

Depth to Water Table 4'+

Rock or other impervious formations none obs - Rock not likely present

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed X S. C. Gogel
Roger J. Otterstedt

IMPROVEMENTS PERMIT BY Jack R. Hinson, R.S.

COMMENTS: Use a series of properly installed drop boxes to feed upper part of drainfield first. No stepdowns in any ditch. Keep drainfield shallow (12-18" cover)

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 873-7291

№ 05950

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) ( ) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use:

Location:

Tax Map No.	Township	Jurisdiction	Zoning

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO.

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

ROAD:

ROAD:

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth _____ ft. Rear yard depth _____ ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner