Mrsvl EH office

√ 1050 11 1236

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 Larry Prestwood DATE 5-28-76 PERMIT NO. 142

PHONE: Business 705-4579 Home _____

LOCATION 1100 I Lane 11.12

S. R. No. _____

SUBDIVISION NAME √ Arrowood Shores LOT NO. 11 SECTION OR BLOCK NO. —

Site Address: 171 Peninsula Dr - Mrsvl.

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 ½ Acre

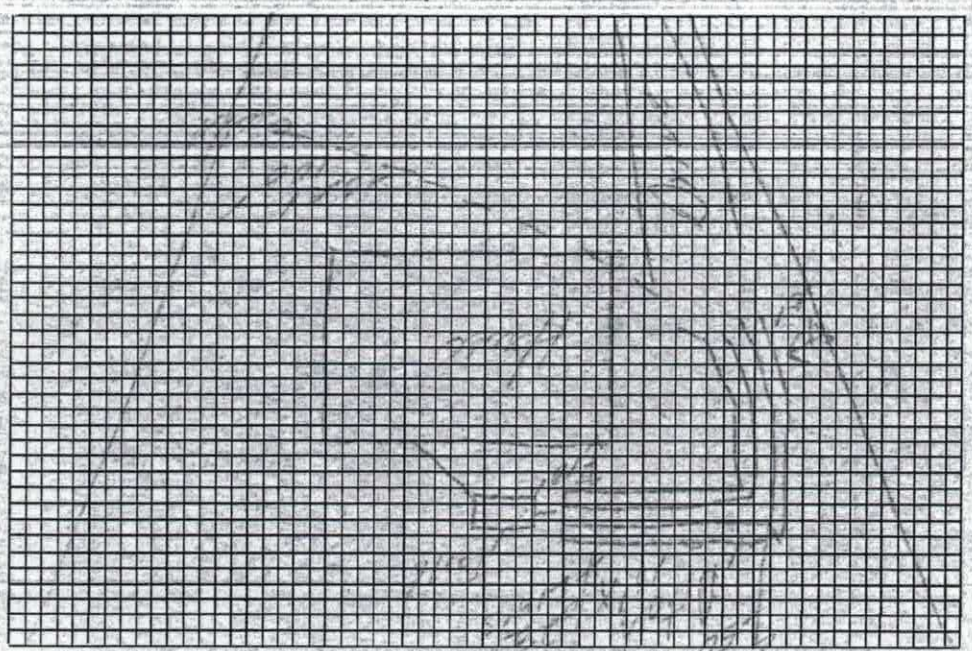
Character & Porosity of Soil Clay loam Rocky Fair

Percolation Rate Not taken

Topography 2 to 5% slope

Depth to Water Table 5' to 8'

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 25 Linear Ft. 250
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by F.S. Ervin

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: House built with basement and was not [redacted] layout with basement. Have to could not use original layouts. No place to put tank and system. Def due to the

CERTIFICATE OF COMPLETION BY John Houston DATE 5-28-76

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

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 Larry Prestimonico DATE 7-17-75 PERMIT NO. 162

PHONE: Business 545-4577 Home _____

LOCATION 1100 TL on 1112

S. R. No. _____

SUBDIVISION NAME Norman Shores LOT NO. 11 SECTION OR BLOCK NO. –

Site Address. 171 Peninsula Dr-Mrsvl.

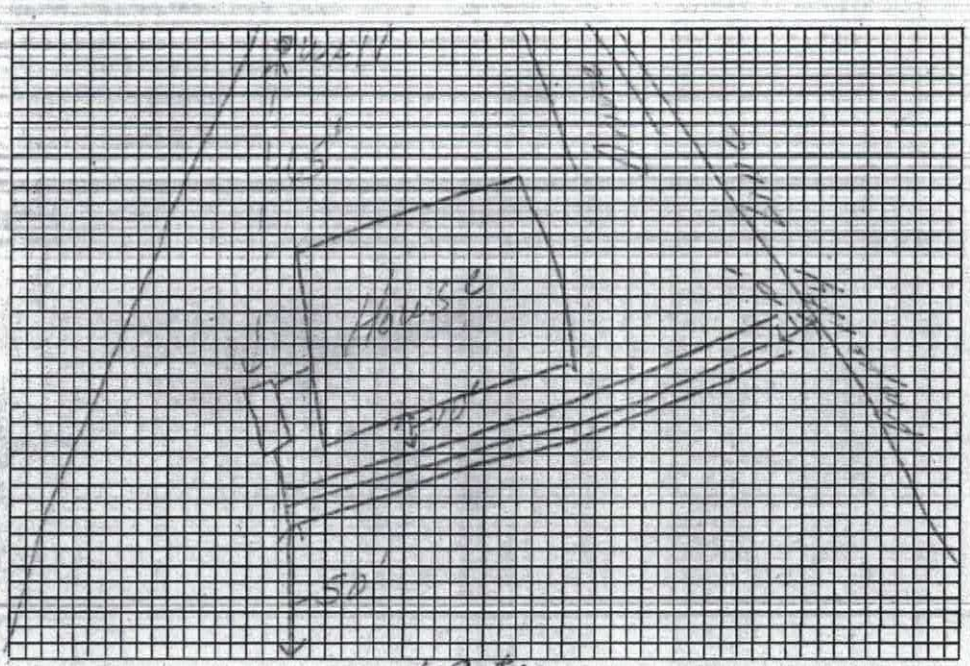
House (✓) Mobile Home ( ) Business ( ) Other _____

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 ½ acre

Character & Porosity of Soil Clay loom Porosity Fair
Percolation Rate Not Taken
Topography 2 % slope
Depth to Water Table 5' to 8'
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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