* Attention Inspection Dept - See Comments

IREDELL COUNTY HEALTH DEPARTMENT

4636741845

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

OWNER OR CONTRACTOR Allen Brawley DATE 6-25-82 PERMIT NO. 192

PHONE: Business _____ Home _____

LOCATION #100 TR 1179 TR 2nd Paved St TR Billy Joe's Blind TR Pvt St Runs Into Neel Acres Run ON left where Road NARROWS then widens

SUBDIVISION NAME Neel Acres LOT NO. 1 SECTION OR BLOCK NO. _____ S. R. No. _____

House (X) Mobile Home ( ) Business ( ) Other Addition to house of 2 bedrooms w/Addition

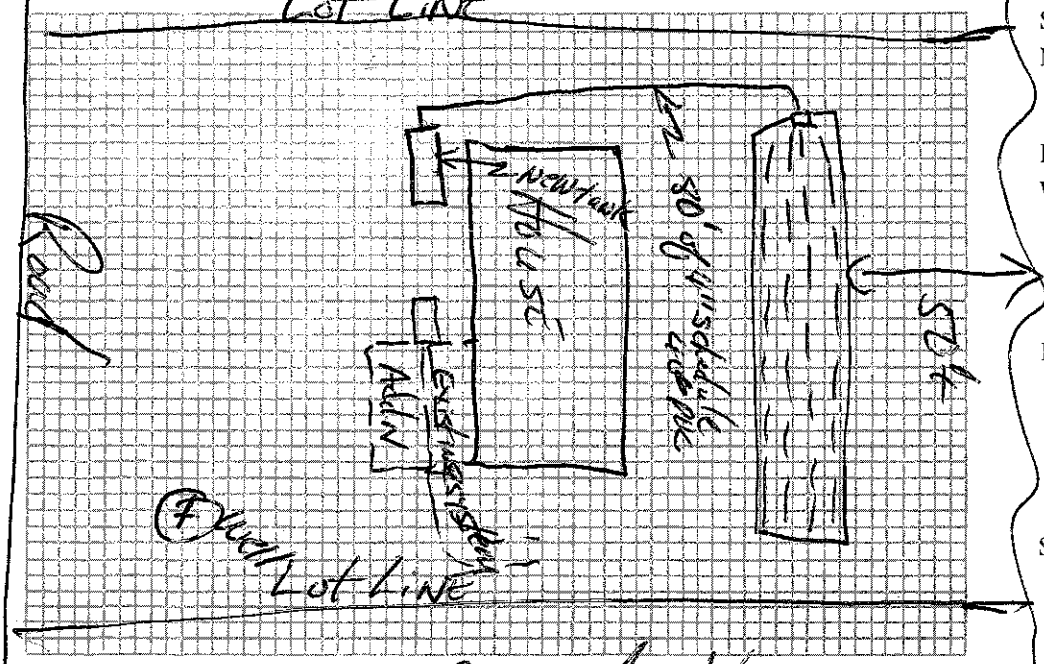
No. Bedrooms 3 No. Bathrooms 1

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

Lot Area ~ 3/4 Acre

Character & Porosity of Soil Clay loam
Percolation Rate 80 min
Topography 10-15%
Depth to Water Table 4'
Rock or other impervious formations None Observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 150 Linear Ft. 750
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by Owner / Mooresville

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

** COMMENTS: Existing system to be disconnected before final inspection / approval to be given

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 6-25-82

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

Attention Building Inspection Dept. See Comments

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 Allen Brawley DATE 6-9-82 PERMIT NO. 112

PHONE: Business _____ Home _____

LOCATION 110 TC 1179 TR 3 turned S.t. TL Billy Joes Blvd TR Pintail Run on left where road narrows then widens S. R. No. _____

SUBDIVISION NAME Reel Acres LOT NO. 1 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition to house of 2 bedrooms w/addition 3

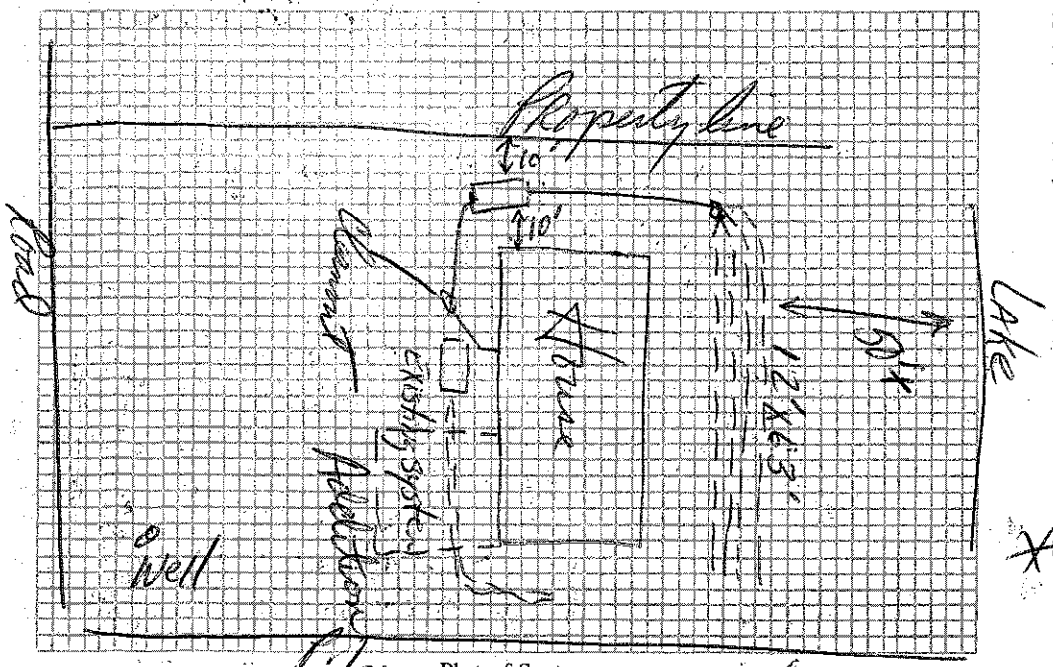
No. Bedrooms 3 No. Bathrooms 1

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area ~3/4 AC.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 750
Depth of Stone in Lines 16
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

✗ Signed: Allen R. Brawley

IMPROVEMENTS PERMIT BY David R. Lyman

COMMENTS: Sewage system to be installed before building permit is issued. Existing system to be disconnected

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