4636992705

# 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 F. Eugene Jones DATE 2-24-84 PERMIT NO. 3336

PHONE: Business 663-5471 Home

LOCATION 1100 at 1179 ~~Commercial~~ Nursery (Farmstead)

SUBDIVISION NAME S. R. No.

LOT NO. SECTION OR BLOCK NO.

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

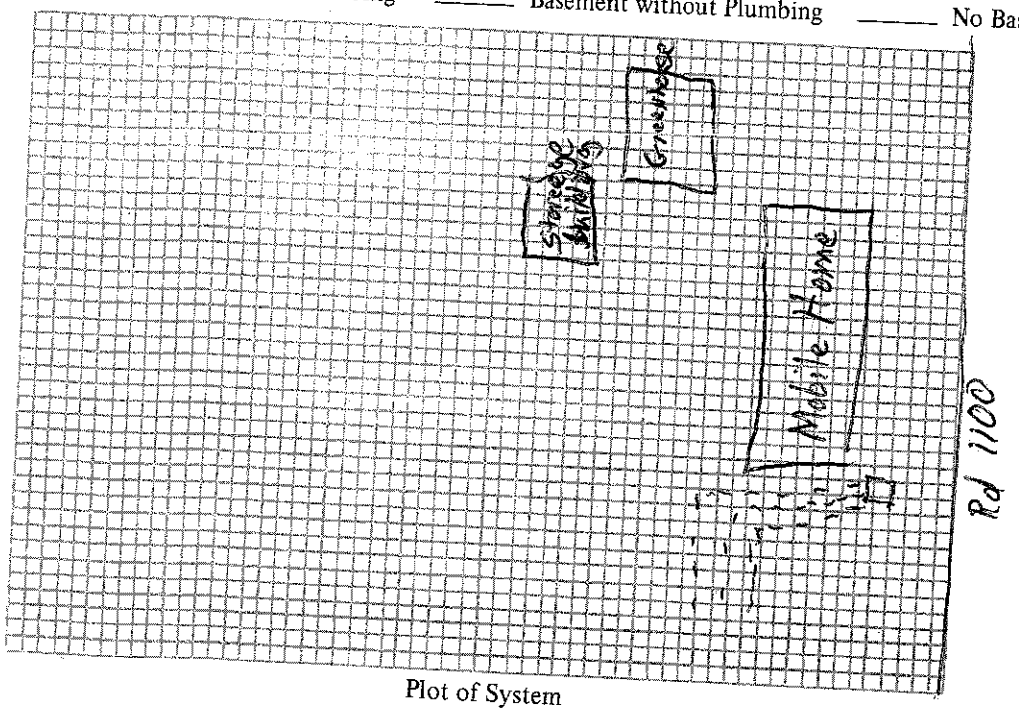
No. Bedrooms 0 No. Bathrooms 0

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

Lot Area 20000 sq

Character & Porosity of Soil 20'x20' ft
Percolation Rate
Topography
Depth to Water Table
Rock or other impervious formations Storage building NO plumbing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank Existing system Gals.
Nitrification Field:
No. of Lines
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

COMMENTS: Existing system working O.K. at date of inspection

CERTIFICATE OF COMPLETION BY

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE 2-24-84

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

4636992705

# IREDELL COUNTY HEALTH DEPARTMENT

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

474
473

OWNER OR CONTRACTOR J. Eugene Jones DATE 12-28-84 PERMIT NO.

PHONE: Business Home

LOCATION Hwy 90W Left before 1179 At Allen Steel Nursery

SUBDIVISION NAME Existing Shop Building LOT NO. SECTION OR BLOCK NO.

S. R. No.

House ( ) Mobile Home ( ) Business ( ) Other

No. Bedrooms No. Bathrooms

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

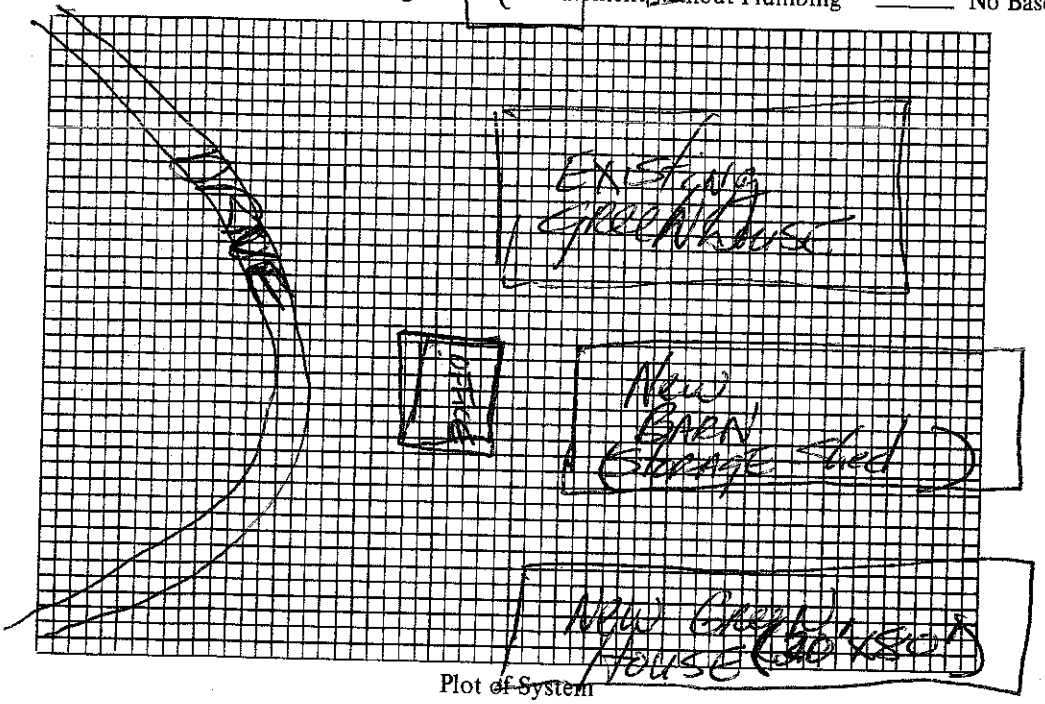
Lot Area

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

Existing System

(X) We Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines
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

COMMENTS: Existing System working OK at date of inspection

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 12-28-84

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