4637061285

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 JAMES E. BARKER DATE August 11, 88 PERMIT NO. _____

PHONE: Business _____ Home (919) 768-5257

LOCATION 150 W. TL. PARADISE PENINSULA T.L. GREENBAY RD. NEAR END ON R.

SUBDIVISION NAME CL and T LOT NO. 99 S. R. No. _____ SECTION OR BLOCK NO. 10

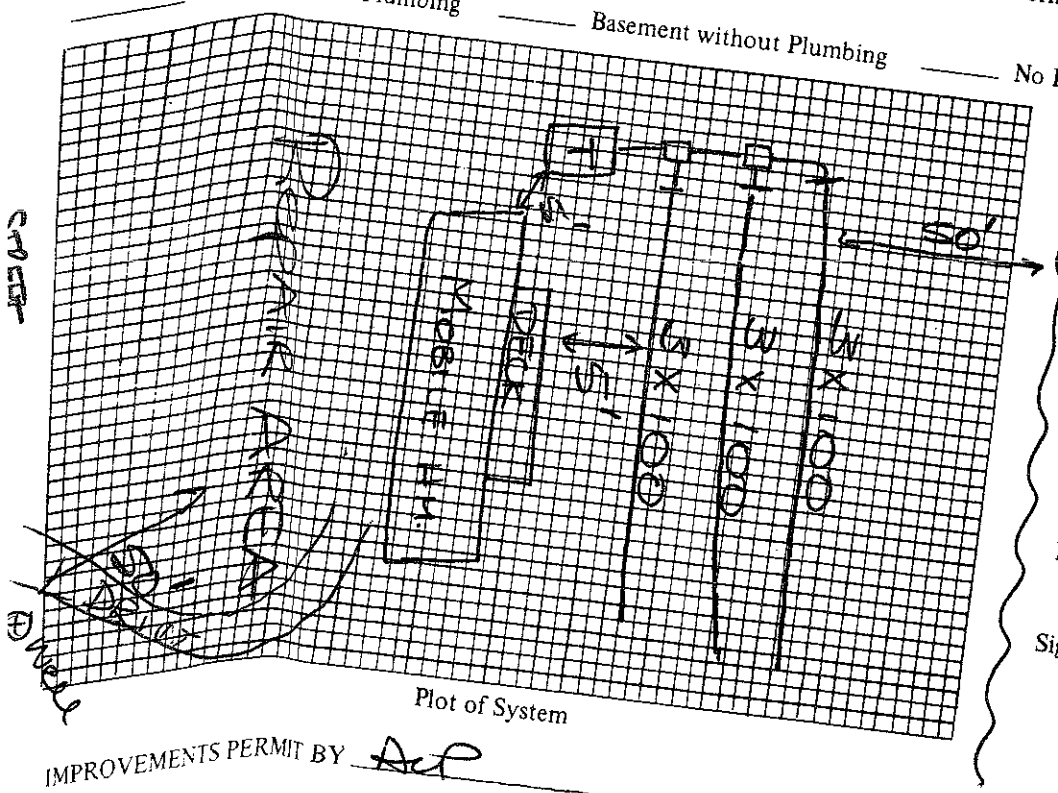
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate ~.49pd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 6-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 4'+

Lot Area 20000ft² Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by F.J. ERVIN

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Quinn DATE 8/11/88

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 James E. BARKER DATE 7/5/88 PERMIT NO. ______

PHONE: Business ______ Home (919) 768-5257

LOCATION 150 W. T.L. Paradise Peninsula T.L. Greenbay Rd. Near end on R.

SUBDIVISION NAME CL and T S. R. No. ______

LOT NO. 99 SECTION OR BLOCK NO. 10

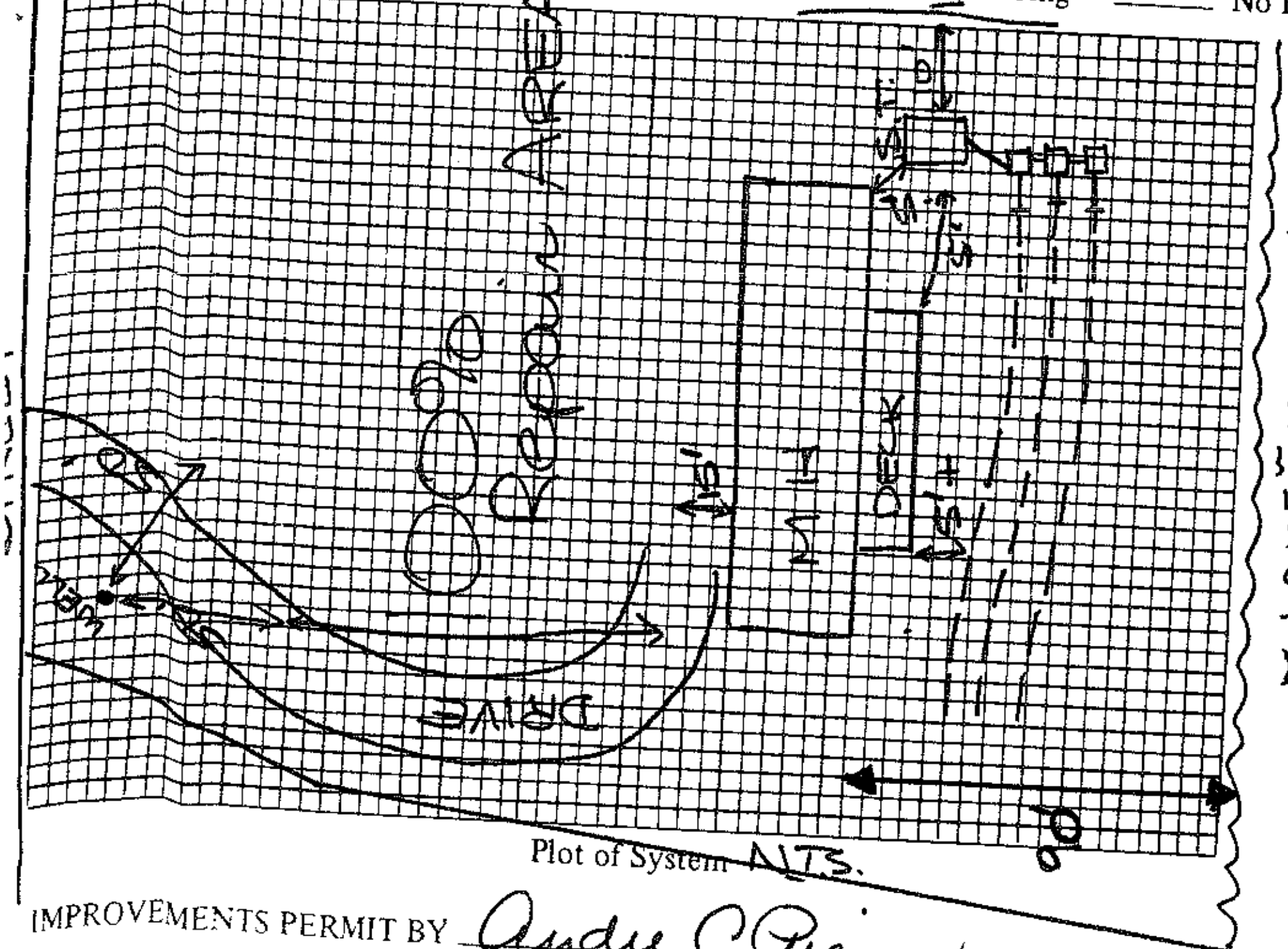
House ( ) Mobile Home ( ) Business ( ) Other Relayout

No. Bedrooms ______ No. Bathrooms ______

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+

Lot Area ______ Rock or other impervious formations none observed

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System NTS.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

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: [signature]

IMPROVEMENTS PERMIT BY Andie C. Pierce

COMMENTS: Home - to be set 90' off lake. System installed shallow and ON CONTOUR.

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