10491

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 Jim Edwards DATE Jan. 2 '90 PERMIT NO. 2K-6-A-207

PHONE: Business _____ Home _____

LOCATION 1100 TR 1250 (Oak Tree Rd.) near end on Right S. R. No. _____

SUBDIVISION NAME CL&T LOT NO. 207 SECTION OR BLOCK NO. 9

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

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil PS clay

Percolation Rate 4-0 MIF

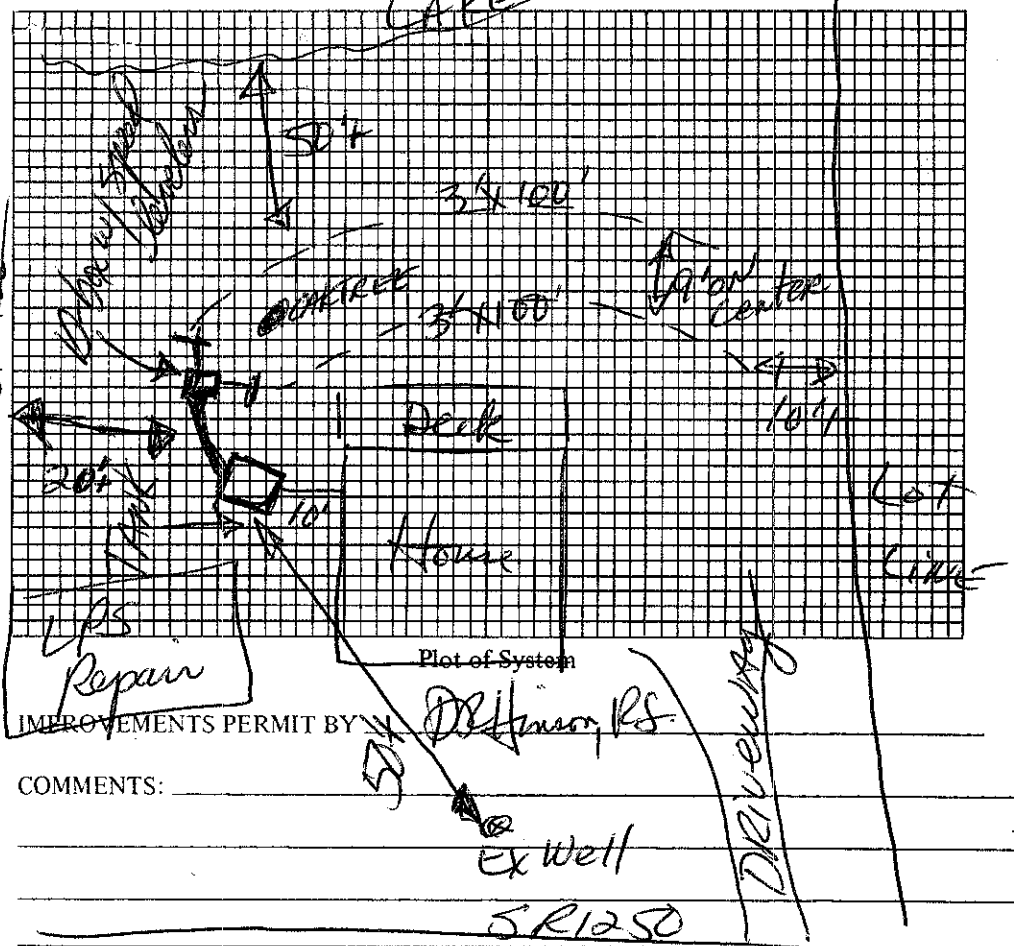
Topography 2% 4 MIF

Depth to Water Table _____

Rock or other impervious formations none obs.

Lot Area 2 1/2 AC.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓) Ex.
Public ( )

Installed by _____

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

Signed: Paulina Meadows

IMPROVEMENTS PERMIT BY: D. Johnson, RS

COMMENTS: Follow contour. Maximum trench bottom depth of 36".

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

10 191

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 Jim Edwards DATE 9/15/89 PERMIT NO. 2K-6-A-207

PHONE: Business _____ Home 545-3228

LOCATION 1100 TR Oak Tree TL Oak Tree near end on R. (2nd/3rd back. S. R. No. _____

SUBDIVISION NAME Cland T LOT NO. 207 SECTION OR BLOCK NO. 9

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

No. Bedrooms 2 No. Bathrooms 2

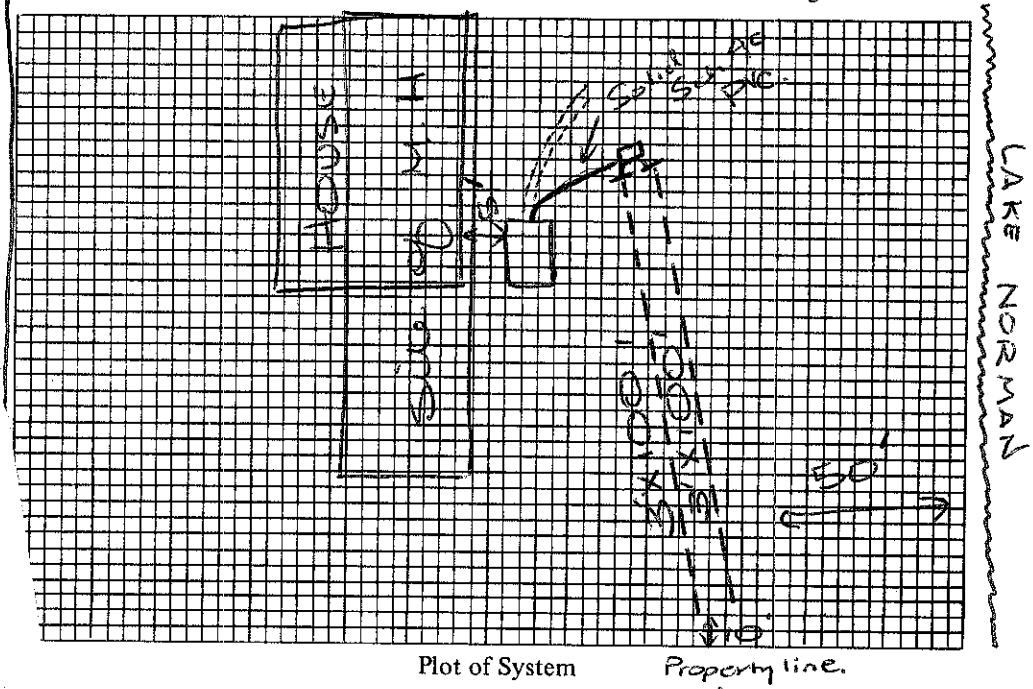
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

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

Lot Area existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

replacing tank 3/12-29-89 DRH



Plot of System Property line.

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
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: _____

PROVEMENTS PERMIT BY Andre C. Pierce, R.S.

MENTS: Pump tank and plumb new lines as shown. Keep them as shallow as possible considering the tank depths. Run Solid pipe to distribution box and plumb 2 lines out toward property line. (10' off property line)

FICATE OF COMPLETION BY _____ DATE _____

NG SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ements Permit.

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