4638431918

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 Charles Bullings DATE 8-19-87 PERMIT NO. _____

PHONE: Business _____ Home 789-5852

LOCATION 150 W TR 1303 2mi TL on 1428 2mi on R. S. R. No. _____

SUBDIVISION NAME Crescent LOT NO. 114 SECTION OR BLOCK NO. 11

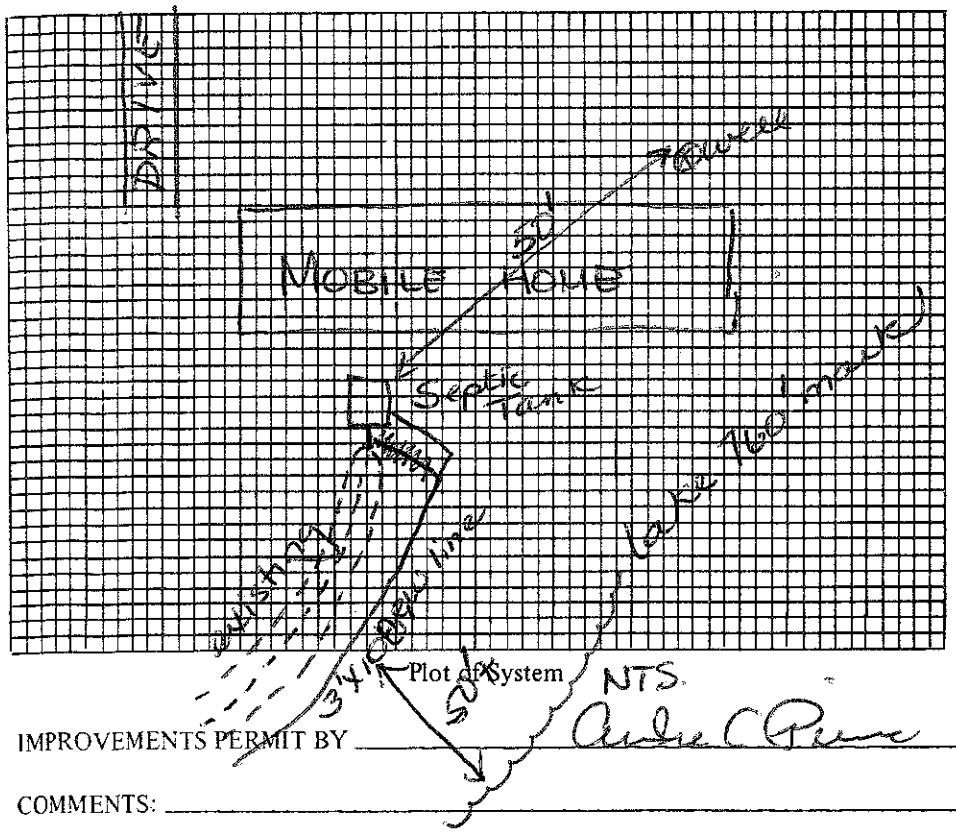
House ( ) Mobile Home (✓) Business ( ) Other repair for 1 bedroom addition

No. Bedrooms 3 No. Bathrooms 2

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	2-4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area 20000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank existing Gals.
Nitrification Field: new
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Signon

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Price

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 8-19-87

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

2:30-3:00

property des. #7189

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 Charles Bullings DATE Aug 6, 87 PERMIT NO. _____

PHONE: Business _____ Home 784-5856

LOCATION 150 W TR on 1303 2mi. TL on 1428 2mi on right. S. R. No. _____

SUBDIVISION NAME Crescent LOT NO. 114 SECTION OR BLOCK NO. 11

House ( ) Mobile Home (✓) Business ( ) Other repair for addition of 1 bedroom new Mobile Unit

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 ~~3/4 Acre~~ 20000ft²

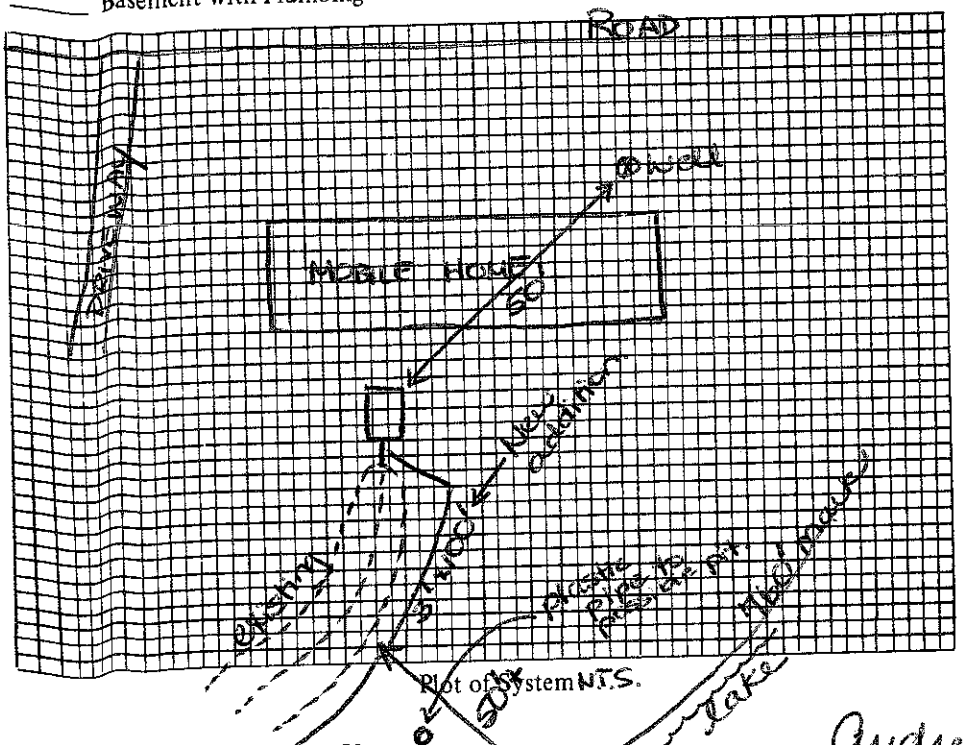
Character & Porosity of Soil clayey
Percolation Rate ~.4 gpd/ft²
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank existing Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )



Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Pierce w/new line.

COMMENTS: Must be 50' from 760 contour. Call if you have questions. New line may require a stepdown. Keep new installation shallow (24" to bottom of trench). Stay on contour. Remove plastic pipe and fill in "passible" pit at the time of repair.

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