IREDELL COUNTY HEALTH DEPARTMENT 4645 22 0132

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

OWNER OR CONTRACTOR Carl Maly DATE July 25, 1980 PERMIT NO. 227

PHONE: Business _____ Home _____

LOCATION 115 & TR 1102 X-I-77 ~½ mile oN R

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

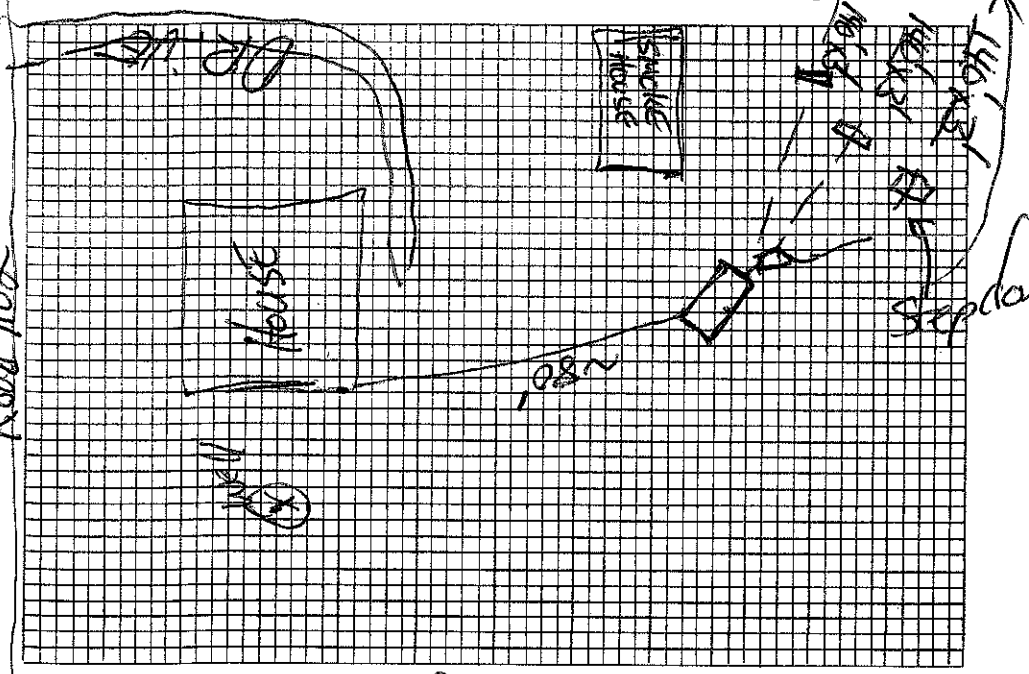
House (X) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 5 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam & Gravel
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	4 Hour
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Unknown
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
			Rock or other impervious formations	None observed

Lot Area Average

_____ Basement with Plumbing _____ Basement without Plumbing X1 No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1250 Linear Ft. 417
Depth of Stone in Lines 10"

Water Supply: Individual (X)
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 David R Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 7-25-80

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 Carl Malz DATE April 3, 80 PERMIT NO. 100

PHONE: Business 663-4511 Home 892-3764

LOCATION 1155 TR on 1102 x I 77 ~ ½ mi on Rt.

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

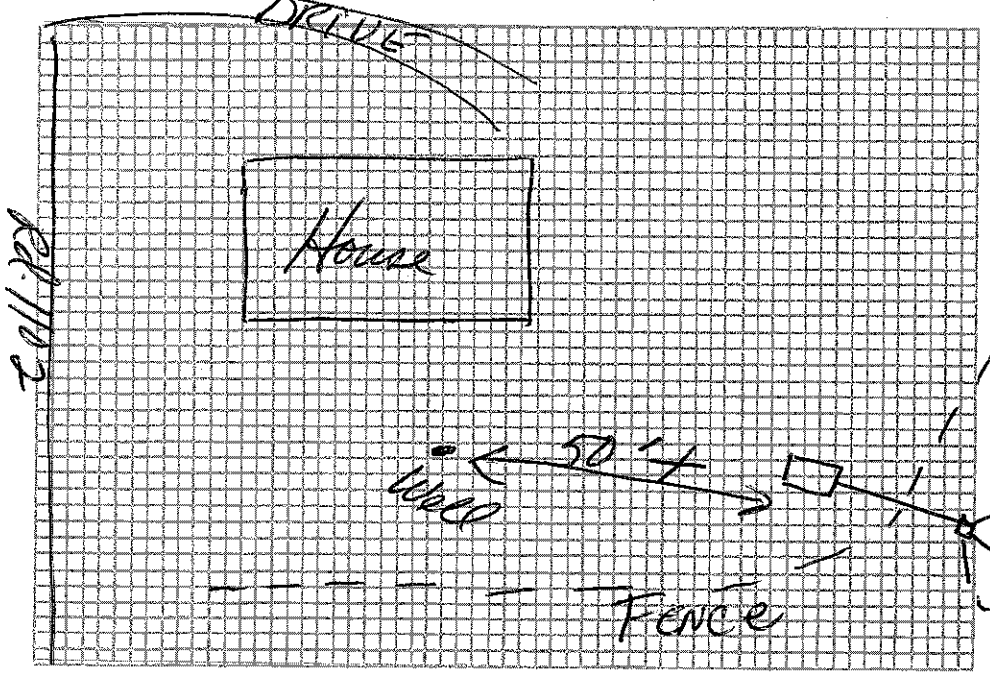
House (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms 5 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 clay loam
Percolation Rate Slow
Topography 4%
Depth to Water Table sunk.
Rock or other impervious formations none obs.

Lot Area Acreage



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1250 Linear Ft. 417
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS:

CERTIFICATE OF COMPLETION BY DATE

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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