10111

IREDELL COUNTY HEALTH DEPARTMENT 4645.54-2680

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Chris Tyerly DATE March 2, 90 PERMIT NO. 2H-18-A-2

PHONE: Business _____ Home _____

LOCATION 21 S. X I77 TL 1206 (Alcove) TR Wades Way ~1000 on Right S. R. No. _____

SUBDIVISION NAME Shady Grove LOT NO. 2 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area ~1 AC.

Drainfield Area

Character & Porosity of Soil ps clay

Percolation Rate 1 & 3

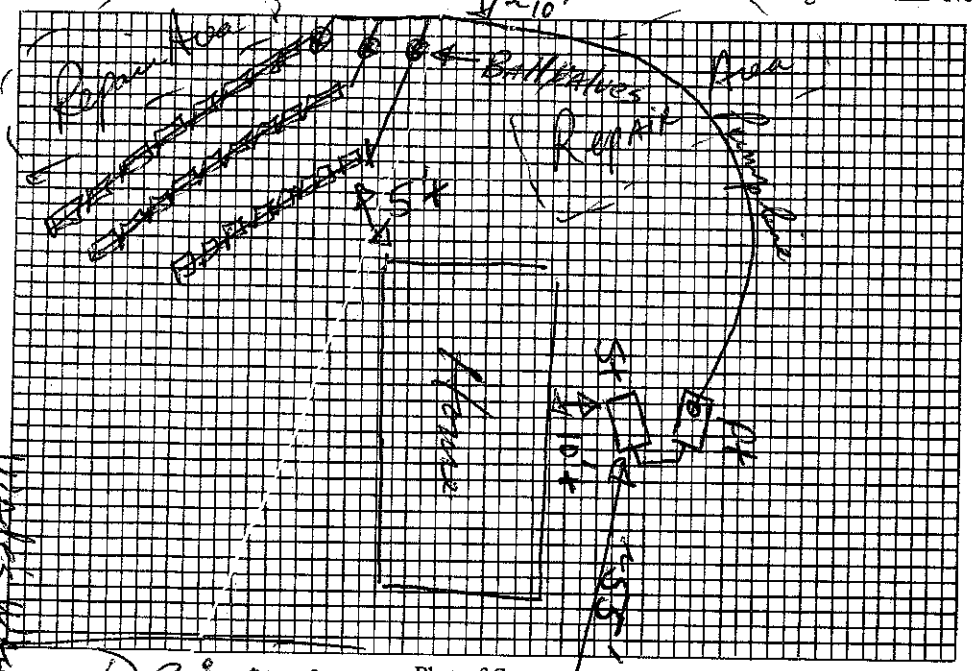
Topography 6-10%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

LOT LINE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1250

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'+

Depth of Stone in Lines 16" 7+"

Water Supply: Individual (✓) panels p-d.

Public ( )

Installed by T J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Alarm tested on site & working, but not mounted.

Operation Permit

CERTIFICATE OF COMPLETION BY David R Hanna, EHS DATE March 2, 90

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

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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 Chris Lyerly DATE 7/3/89 ~~PERMIT NO.~~ 21C

PHONE: Business _____ Home 663-1576

LOCATION 21S X I 77 TL Alcove TR Wades Way lot #2 on Right S. R. No. _____

SUBDIVISION NAME Shade Grove LOT NO. 2 SECTION OR BLOCK NO. 2H-18-A-2

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

No. Bedrooms 3 No. Bathrooms ~2 ACP Character & Porosity of Soil Clayey

Garbage Disposal Unit Yes (✓) No (~~✓~~) Percolation Rate .35 gpd/ft²

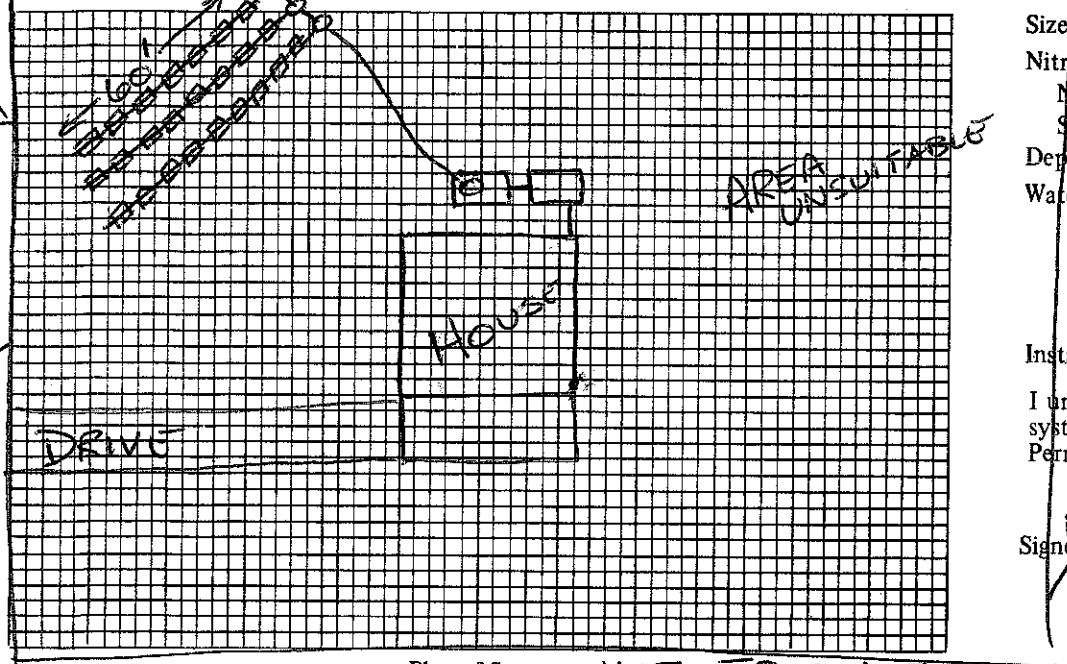
Auto. Dishwasher Yes (✓) No ( ) Topography 100%

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 4'+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations none observed

Lot Area 1 ACRE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement P.T.: 1250



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 180' of
Depth of Stone in Lines 16" T and J

Water Supply: Individual Pgreb.
Public ( )

Installed by _____

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

Signed: X James D. McIntosh

IMPROVEMENTS PERMIT BY Andrew C. Queen

COMMENTS: Install drainfield in accordance with manufacturers specs. Keep lines with 6"-8" cover. Reserve 100% repair area. Pump to be sized by H.D.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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