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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 Kenneth Byrd & Jimmy Stout DATE 5-14-85 PERMIT NO. 202

PHONE: Business _____ Home _____

LOCATION 21 S to I-77 TL 1206 3/4 mile TR on Perrin Drive
1st lot on left 2nd house on left

SUBDIVISION NAME Water's Edge LOT NO. 7 S. R. No. _____ SECTION OR BLOCK NO. _____

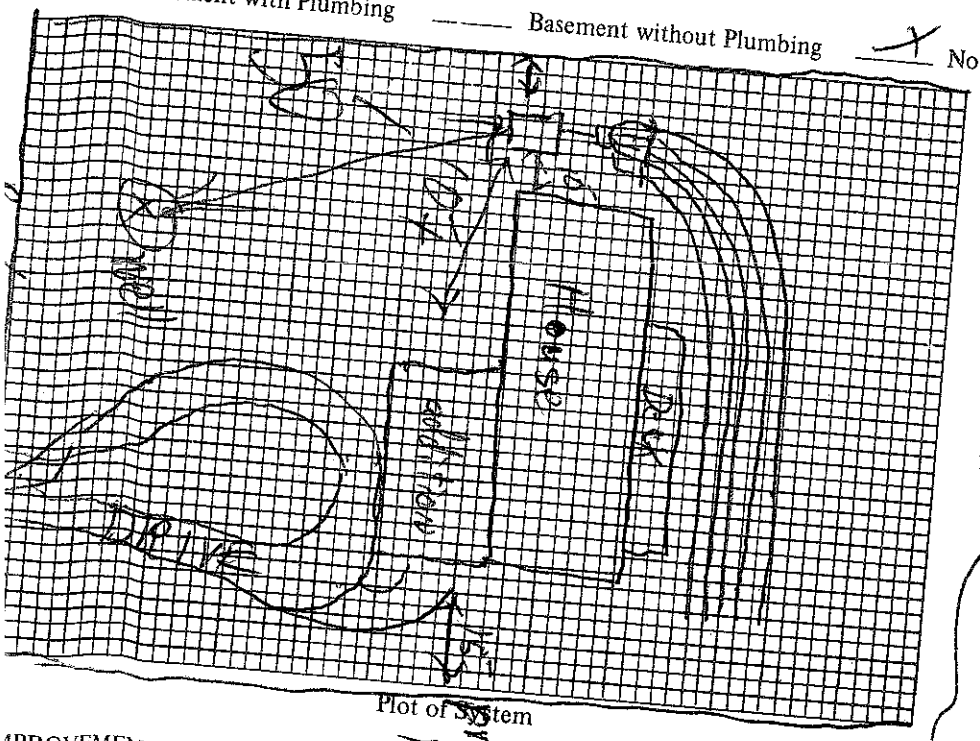
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms _____

Garbage Disposal Unit Yes (X) No ( )
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

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

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 140
Depth of Stone in Lines 1'
Water Supply: Individual (X)
Public ( )

Installed by E.J. Ervin 5-11-84

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmons

COMMENTS: existing system working OK at this time
Proposed inspection garage addition is OK as
shown located today but change mind on location

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles A Barnett DATE 5-14-85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
It 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 Kenneth Byrd DATE 5-11-84 PERMIT NO. 138

PHONE: Business _____ Home _____

LOCATION 21 S X I77 TL 1206 3/4 TR PERRIN DRIVE Lot on Left

SUBDIVISION NAME Water's Edge LOT NO. 7 SECTION OR BLOCK NO. _____ S. R. No. _____

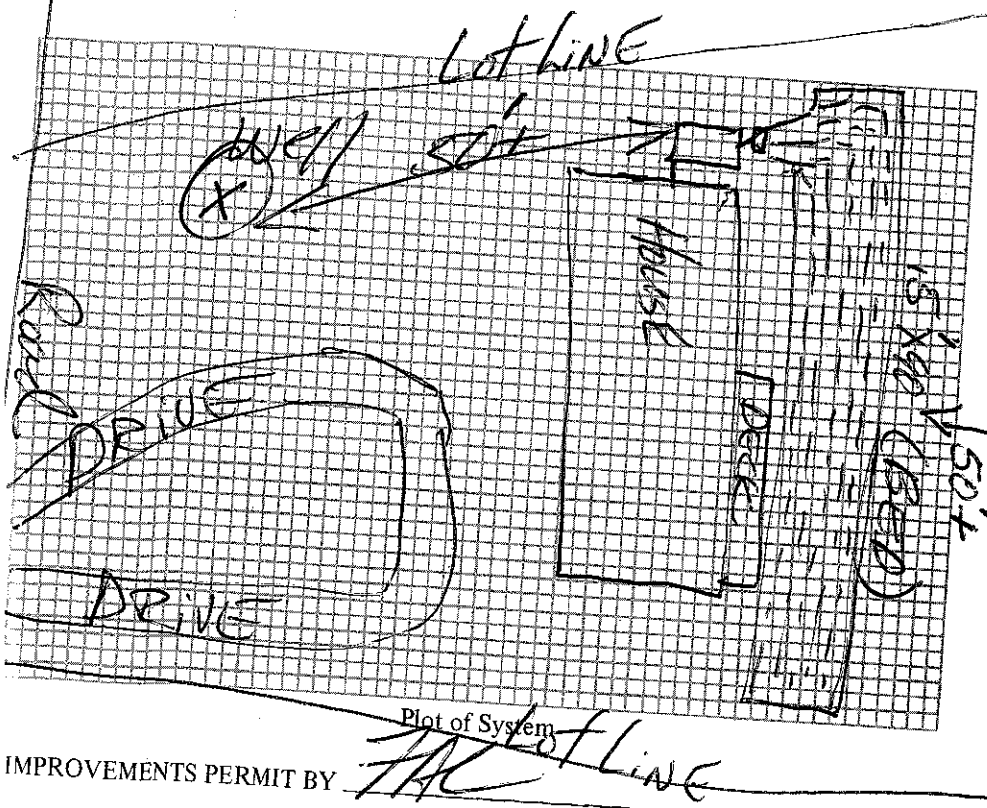
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 0.85 ACRE

Character & Porosity of Soil Clay loam w/clay
Percolation Rate 0.4 gal/ft²/day
Topography Level
Depth to Water Table 3-4'
Rock or other impervious formations NONE obs



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1350 Linear Ft. 450
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by T. F. Ervin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY TAC

COMMENTS: _____

ERTIFICATE OF COMPLETION BY Fred Timmes DATE 5-11-84

XISTING SYSTEM CHECKED BY: _____ DATE _____

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

rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
provements Permit.

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

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(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR K. A. Byrd DATE 5-8-85 PERMIT NO. 197

PHONE: Business _____ Home _____

LOCATION 21 S FR TL ON 1206 Alcove Rd TR ON Perrin Dr. 2nd house on left

S. R. No. _____

SUBDIVISION NAME Water Edge LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 5 No. Bathrooms _____

Garbage Disposal Unit EXISTING Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area Existing

Character & Porosity of Soil _____

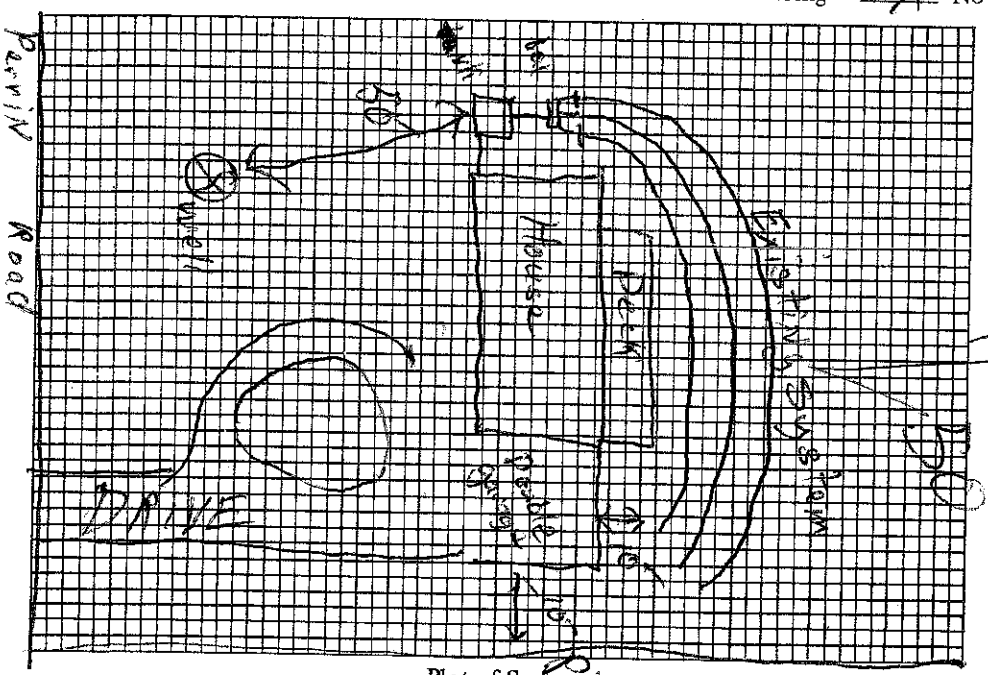
Percolation Rate _____

Topography _____

Depth to Water Table Existing

Rock or other impervious formations System

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank E Gals.

Nitrification Field: Existing

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working OK at date of inspection OK to put 2 to Double car garage where indicated on drawing - 10 ft off property lines.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett DATE 5-8-85

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