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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 Mady Construction DATE June 12, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21S. X I77 TL 1206 (Alcove) TR Perrin Drive ~ 400' on left

S. R. No. _____

SUBDIVISION NAME Waters Edge LOT NO. 4 SECTION OR BLOCK NO. _____

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

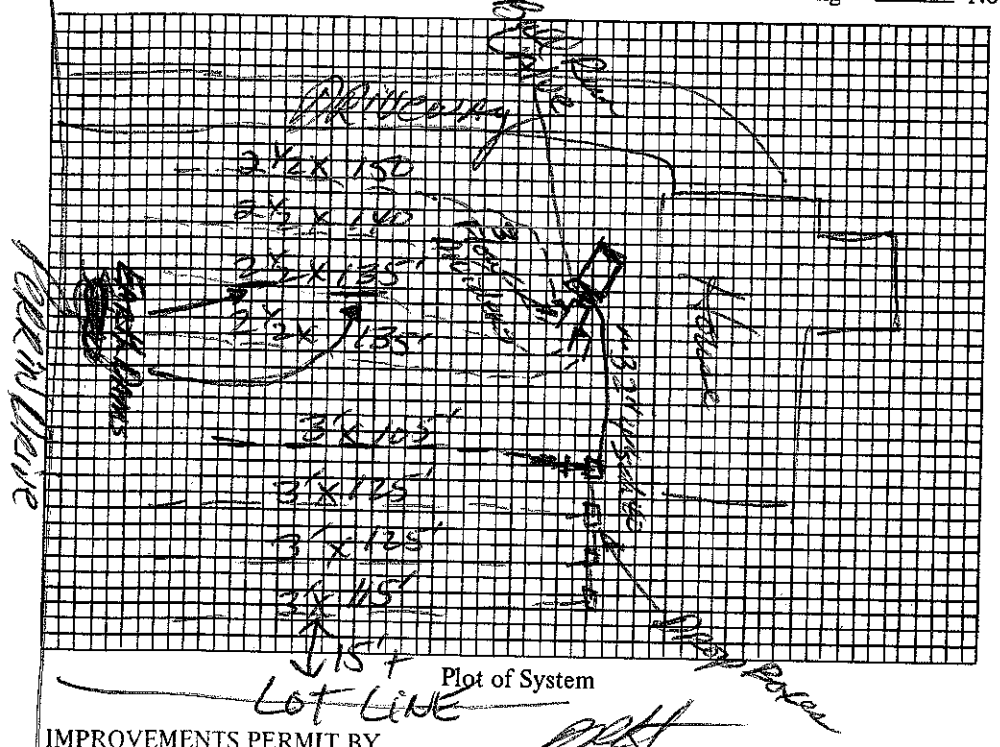
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate no 2
Topography 2-6%
Depth to Water Table 3'+
Rock or other impervious formations none obs.

Lot Area 145' X 300'+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4+4
Sq. Ft. 2760 Linear Ft. ~920*
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Dwight Avery Lincolnton Co.

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

Signed: _____

* Alternating drainfields w/ BR valve

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Bull Run valve set between tank & 1st drainfield and ~ 32' 4" Sch 40 used to 2nd drainfield. 1st drainfield was deeper than specified and short on footage (width & length) and therefore due to circumstances & available space, alternating drainfields were set up. Will not down!

CERTIFICATE OF COMPLETION BY [signature] DATE 6-12-89

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 Ralph Hanna DATE 8-21-87 PERMIT NO.

PHONE: Business 1-800-438-2992 Home

LOCATION 21 S. Cross I-77 TL Alcove. 1/2 mi. TR Perrin
2nd house on left S. R. No.

SUBDIVISION NAME Water's Edge LOT NO. 5 SECTION OR BLOCK NO.

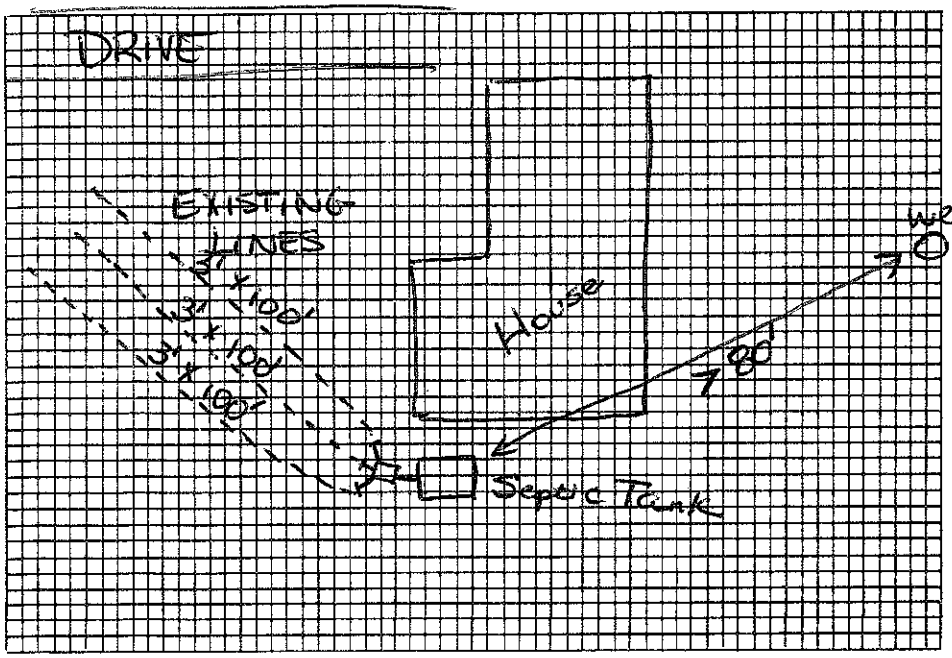
House (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms existing No. Bathrooms

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	existing
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

EXISTING
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
(*) from completion of 11-30-87

Installed by

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS: (*) Information taken from Completion of 11-30-87
No sign of sewage effluent discharging above ground level at this inspection.
DO NOT BUILD OVER ANY PART OF SYSTEM. Keep 5' mins.

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: Andrea C. Price DATE 8-21-87

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

anytime

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 Gary Rhyne DATE 11-30-84 PERMIT NO. 439

PHONE: Business ______ Home ______

LOCATION 21S X I77 TL 1206 ½ mile TR Perrin Drive on left ______ S. R. No. ______

SUBDIVISION NAME Water's Edge LOT NO. 5 SECTION OR BLOCK NO. ______

House ( ) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area ~1 ACRE

Lot Line

Character & Porosity of Soil Clay

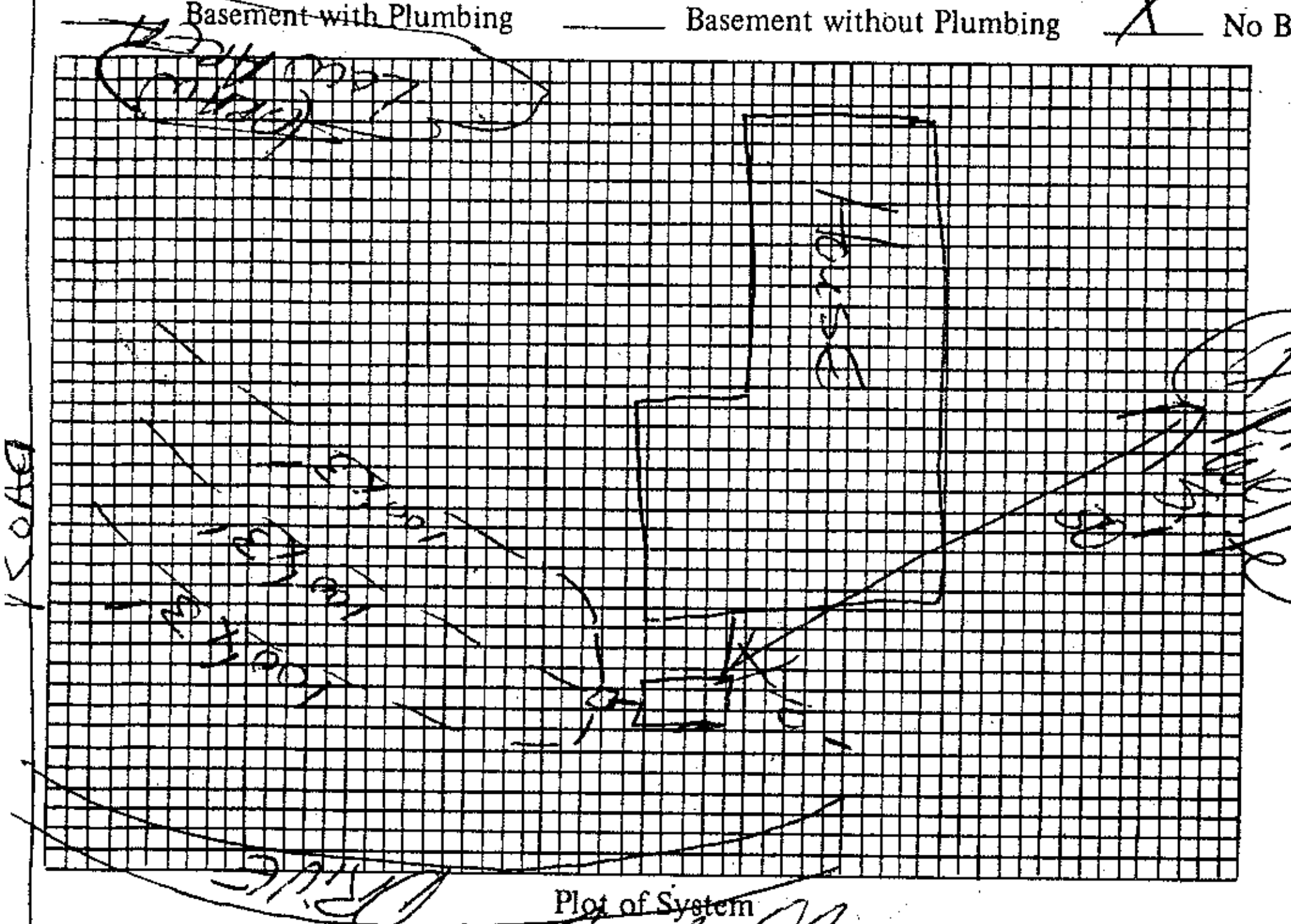
Percolation Rate 0.4 gal/ft²/day

Topography 20%

Depth to Water Table ______

Rock or other impervious formations NONE obs.

___ Basement with Plumbing ___ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3

No. of Lines

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by Charles Ballard

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

Signed: ______

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Surface H2O diversion ditch to be installed Above drainfield

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 11-30-84

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