4646-09-0342

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 Harley B. Bentley DATE 2-26-85 PERMIT NO. 60

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TL 1226 TL 1227 1ST on R S. R. No. _____

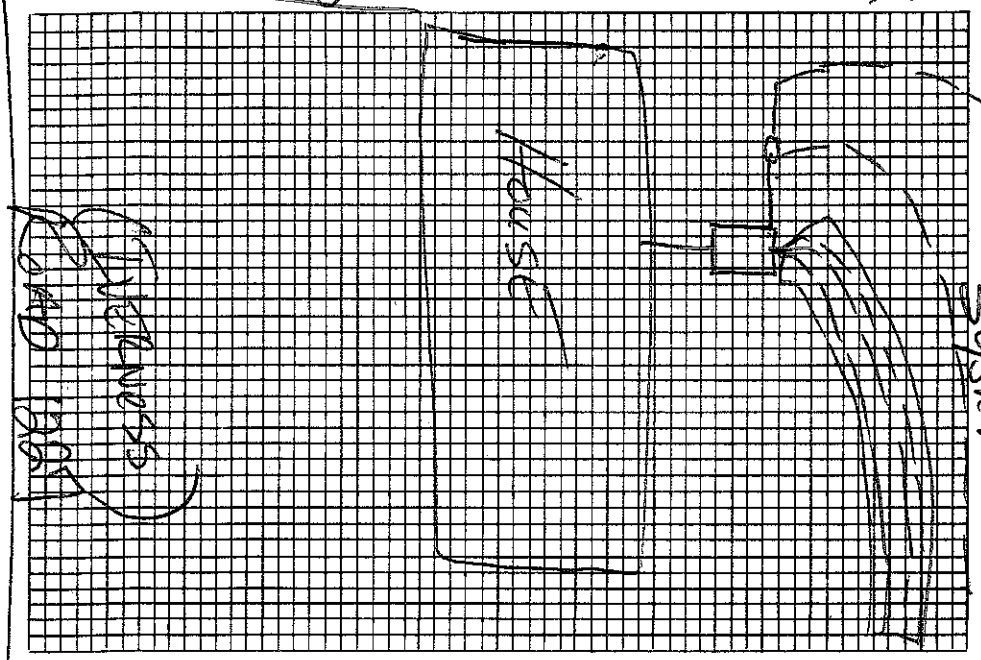
SUBDIVISION NAME Regency Lake Village LOT NO. 19 SECTION OR BLOCK NO. D

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

No. Bedrooms 3 No. Bathrooms 2

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

Basement with Plumbing _____ Basement without Plumbing _____ No Basement (X)



Plot of System

Size of Tank Existing Gals.

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

Water Supply: Individual ( )
Public (X)
Community H2O

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 O/K AT date of inspection; Remove old double wide before final power Approval can be given

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Fred Clemmer DATE 2-26-85

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

4646-09-0342

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 Sammy Yarborough DATE 6-8-84 PERMIT NO. 177

PHONE: Business _____ Home _____

LOCATION 150 W TL 1109 TR 1100, TL 1679, TL Regency, TL on dirt rd Inverness Rd (R27) Lot on R between 2 Mobile Homes S. R. No. _____

SUBDIVISION NAME Regency Lake Village LOT NO. 19 SECTION OR BLOCK NO D

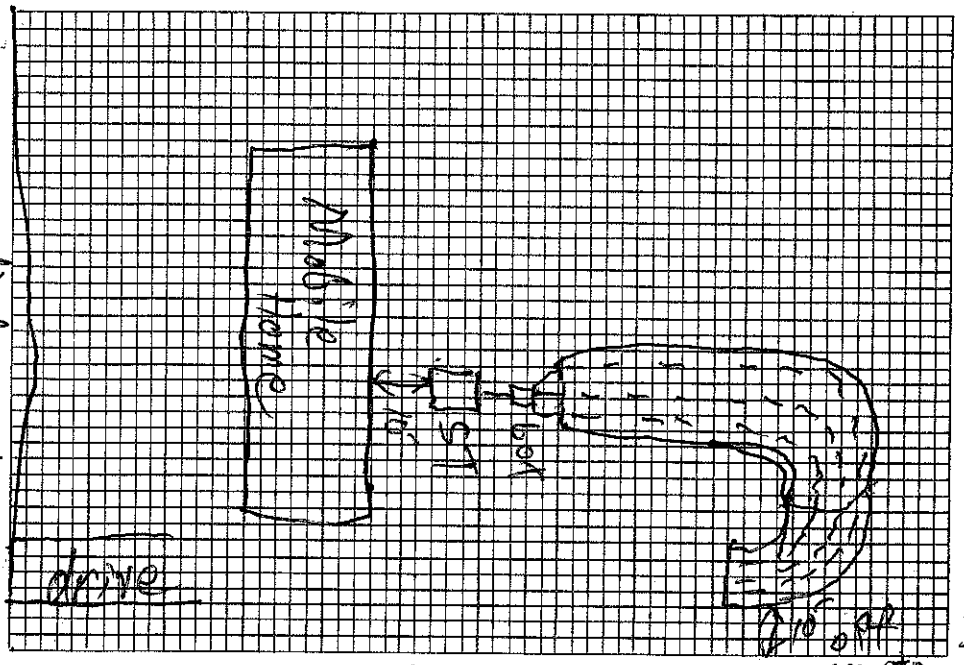
House ( ) Mobile Home (X) Business ( ) Other EXISTING

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 15000 ft²

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



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines System
Water Supply: Individual ( )
Public (X) community water

Installed by Wesson 11/18/70

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

Signed: _____

System check by Troy Scoggins 11/18/70

IMPROVEMENTS PERMIT BY _____

COMMENTS: system working ok at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Glenda K. Barnett & Fred Clemmer DATE 6-8-84

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 Bruce Bunthof DATE 1-5-79 PERMIT NO. 1

PHONE: Business _____ Home _____

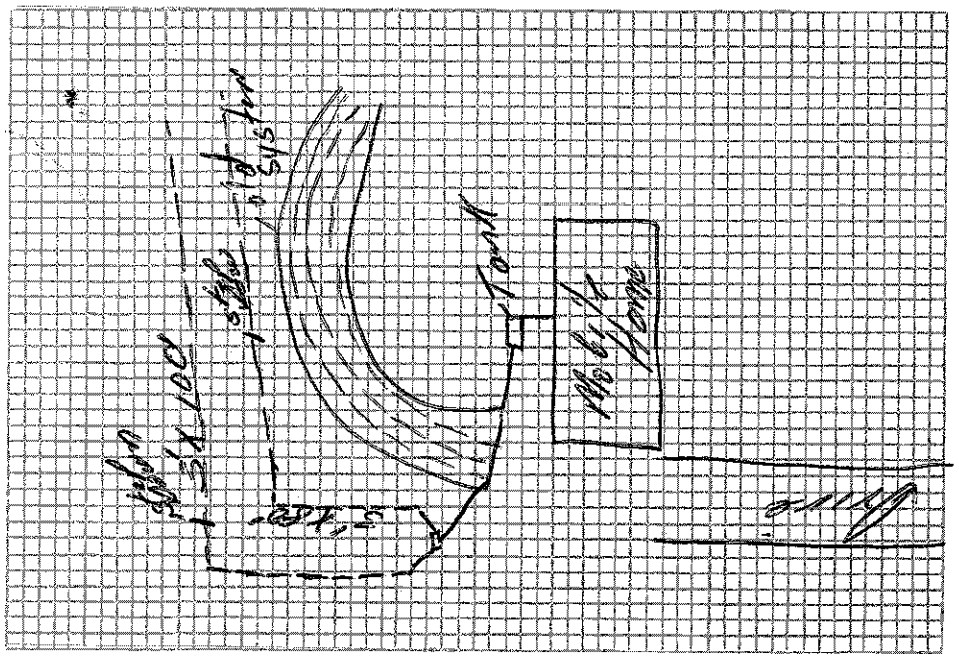
LOCATION 1100 Ilon 479 Ilon 125 Ilon 1126 1st Mobile home on Left S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Existing

Character & Porosity of Soil Clay loam
Percolation Rate 60 min/in
Topography 5% Slope
Depth to Water Table 10'+
Rock or other impervious formations None



Plot of System

Repair
Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 540 Linear Ft. 180
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by J.T. Evans

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Hanstan DATE 1-5-79

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