IREDELL COUNTY HEALTH DEPARTMENT 4646306650

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

OWNER OR CONTRACTOR Randy Godfrey DATE 9-11-50 PERMIT NO. 285

PHONE: Business _____ Home _____

LOCATION 215 XI-77 TL 1206 TR 1110 Beaver 1193 ½ mile on left S. R. No. _____

SUBDIVISION NAME Catalina Cove LOT NO. 13 SECTION OR BLOCK NO. _____

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

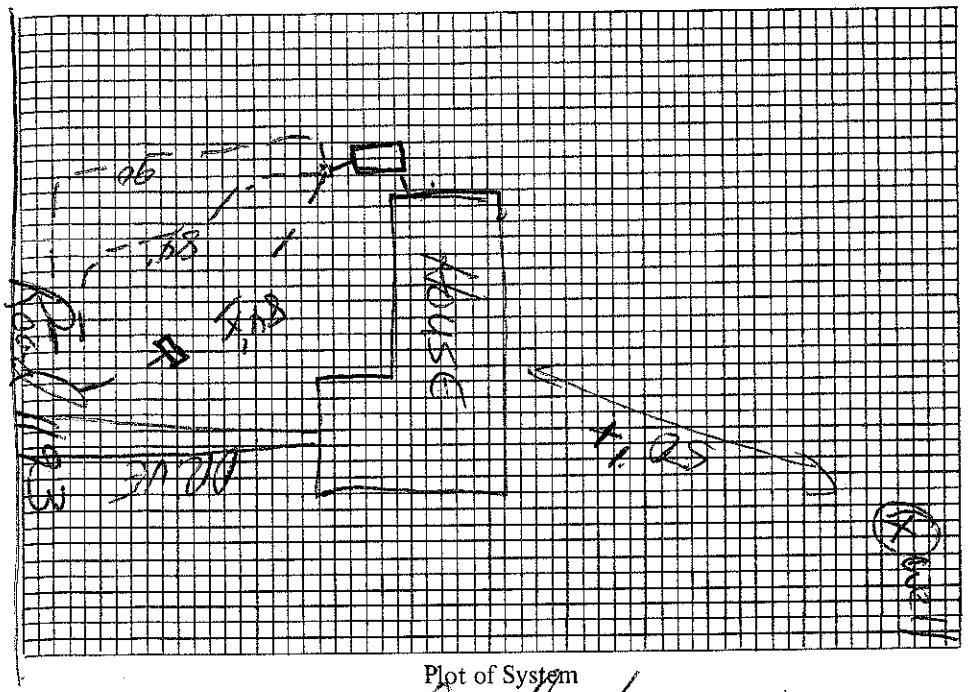
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~24000ft²

Character & Porosity of Soil Clay loam
Percolation Rate Slow 8 0/0
Topography Undulating
Depth to Water Table None observed
Rock or other impervious formations

_____ Basement with Plumbing _____ Basement without Plumbing _X_ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by Wayne Atkinson

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

Signed: _____

IMPROVEMENTS PERMIT BY David Henson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer + David Henson DATE 9-11-50

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

3.00

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 Randy Godfrey DATE 7-30-80 PERMIT NO. 220

PHONE: Business _____ Home _____

LOCATION 215 x I77 TL 1206 TR 1110 Bear Rt. 1193 ~ 1 mi. on Left S. R. No. _____

SUBDIVISION NAME Catalina Cove LOT NO. 13 SECTION OR BLOCK NO. _____

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

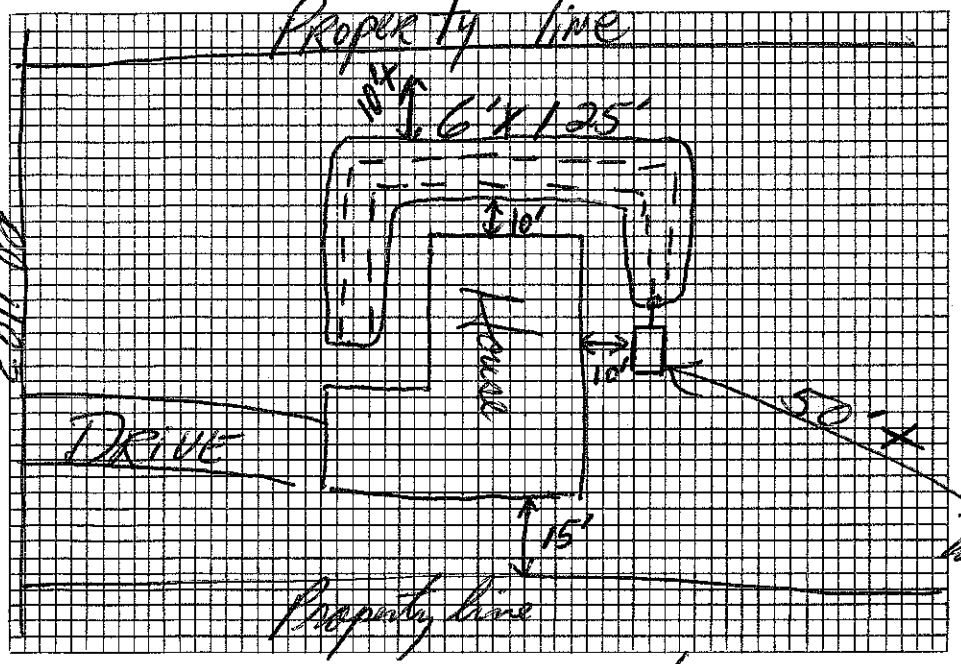
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~24,000 Ft²

Character & Porosity of Soil clay loam
Percolation Rate 80 mpi
Topography 8-10% fall
Depth to Water Table sink.
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: C W Brewer Jr

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: Will probably have to use stepdown in ditch. May use 9'x84" if necessary.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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 Randy Godfrey DATE 5-7-85 PERMIT NO. 194

PHONE: Business _____ Home _____

LOCATION NS I-77 / R 1206 / R 1110 AT END BEAR left on left CAST house on/left S. R. No. _____

SUBDIVISION NAME Catalina Cove LOT NO. 13 SECTION OR BLOCK NO. _____

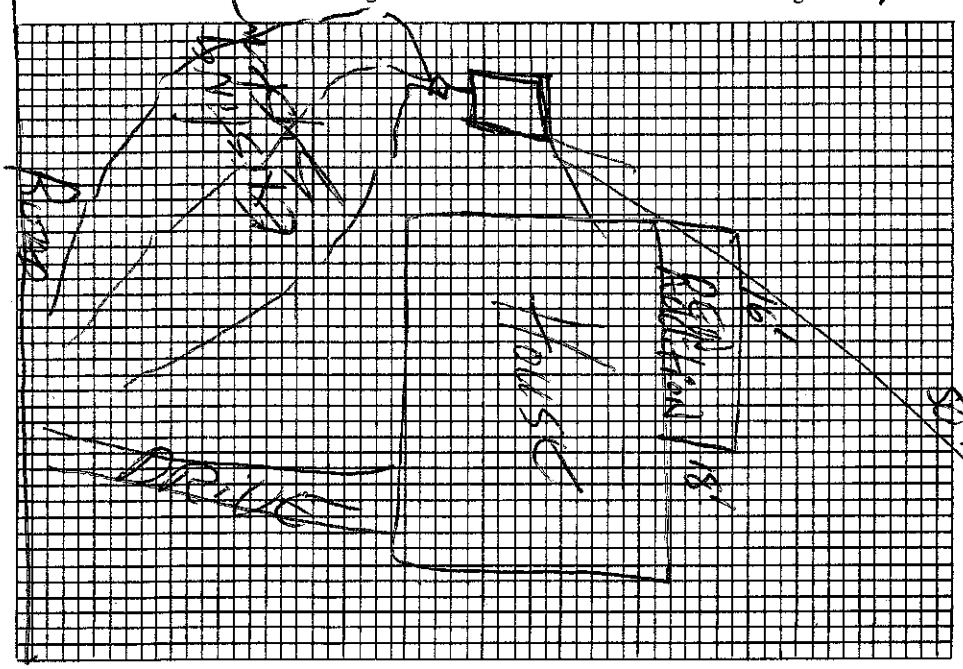
House (X) Mobile Home ( ) Business ( ) Other Addition

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
			Rock or other impervious formations	

Lot Area 20,000 ± SF

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



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 (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY: D. R. Hinson

COMMENTS: EXISTING System working OK At time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Jack Ammons DATE 5-7-85

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