# 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 Brenda Estes DATE 6-24-81 PERMIT NO. 189

PHONE: Business _____ Home _____

LOCATION 215 & I77 TR 1206

SUBDIVISION NAME Hagers Pt. M.H. Park LOT NO. 25 & 27 S. R. No. _____ SECTION OR BLOCK NO. _____

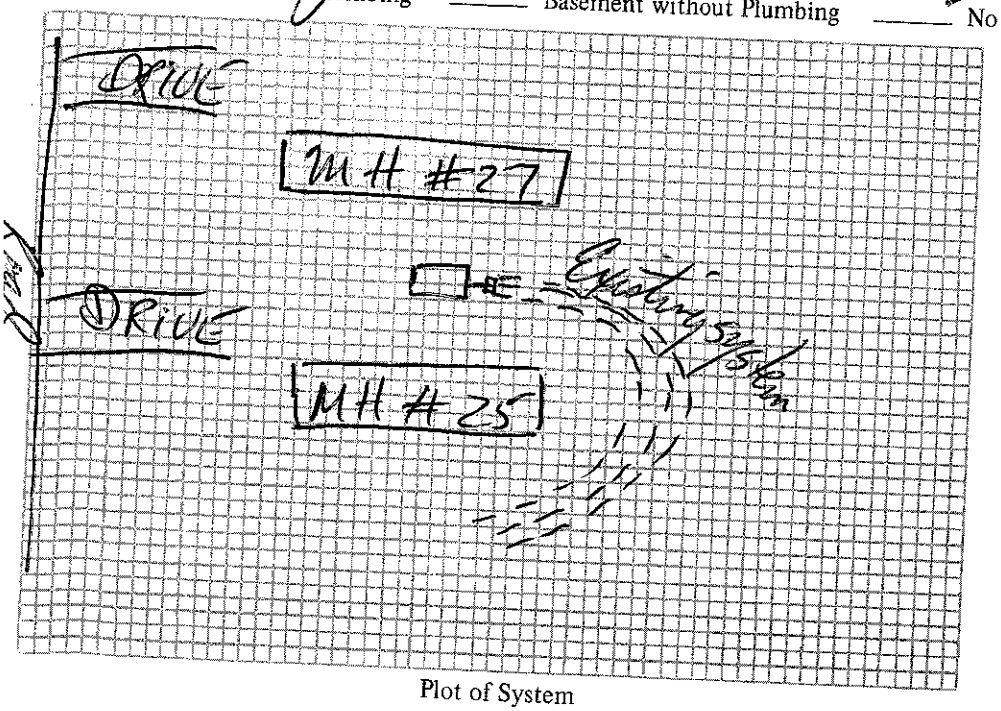
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 6 No. Bathrooms 4

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil _____ |
| 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

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

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 time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: David R. Hanson DATE 6-24-81

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

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

PERMIT NO. 20

OWNER OR CONTRACTOR Hayes Point Mobile Park DATE 1-18-79

PHONE: Business _____ Home _____

LOCATION 215 T R on 1206 Last Lot on Left before Lake

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 27 SECTION OR BLOCK NO. _____

House ( ) 2 Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 6 No. Bathrooms 2

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

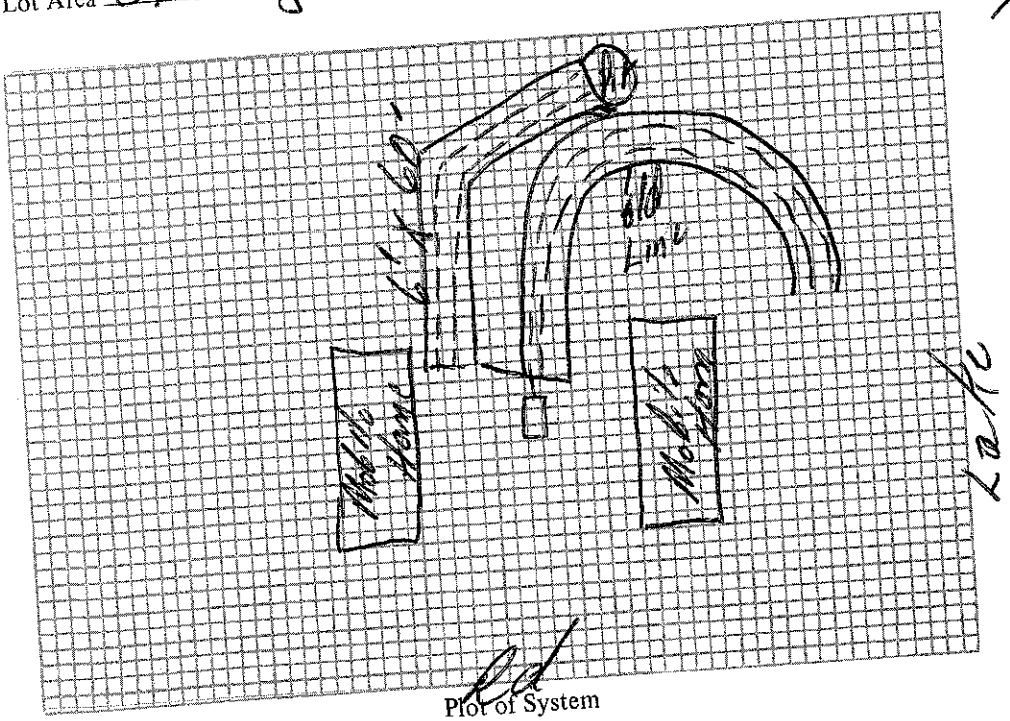
Character & Porosity of Soil Clay loam
Percolation Rate 60 min/in
Topography 3 to 5% Slope
Depth to Water Table 6 to 8'
Rock or other impervious formations None

Lot Area Existing

Repair
Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)




Installed by E.S. Erwin

IMPROVEMENTS PERMIT BY _____

COMMENTS: Put in all Line that could get in

CERTIFICATE OF COMPLETION BY John Houston DATE 1-18-

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