4646-85-9519 [redacted]

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 Tom Lucas DATE 6-14-77 PERMIT NO. 152

PHONE: Business _____ Home _____

LOCATION 21 S. TR on 1135

S. R. No. _____

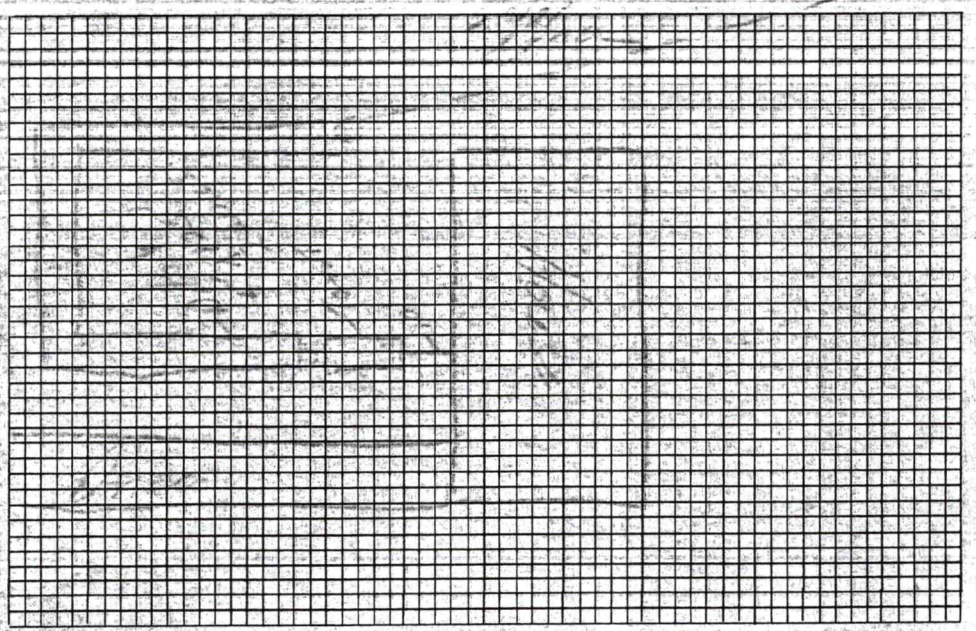
SUBDIVISION NAME Royal Oak LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay loam	Loamy Fair
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2 of 1 Day	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Fair Slopes	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'	
			Rock or other impervious formations	None	

Lot Area 2 Acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 125 Linear Ft. 250'
Depth of Stone in Lines 18"

Water Supply: Individual (✓)
Public ( )
well on lot

Installed by Hoke Griffith Tank

IMPROVEMENTS PERMIT BY John Thurston

COMMENTS: ✓

CERTIFICATE OF COMPLETION BY John Thurston DATE 6-20-77

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

4646-85-9519

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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms 2

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

Lot Area _____

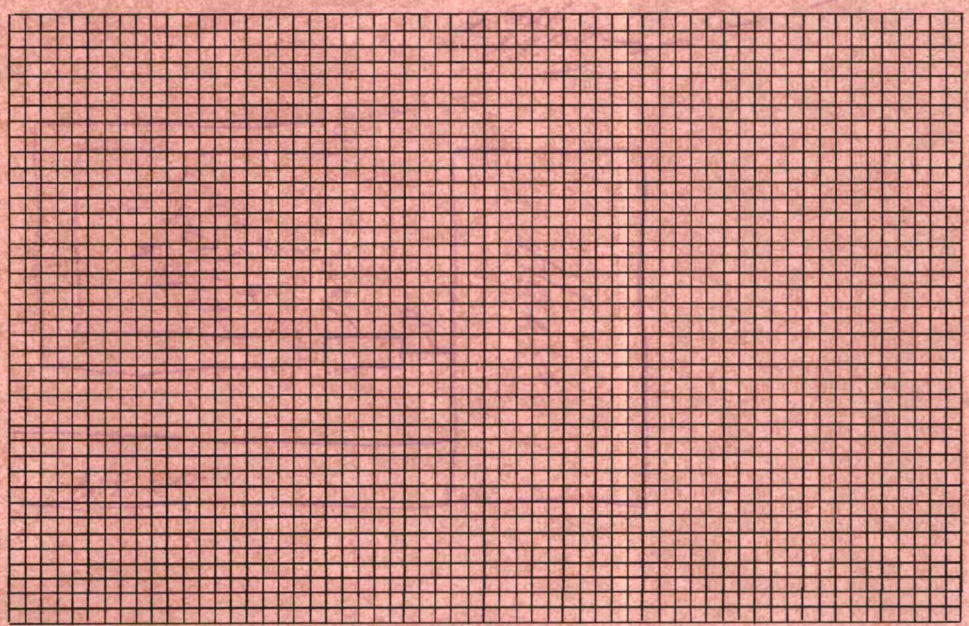
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

_____

_____

_____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

4646-85-9519

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 Tom Tucker DATE 6-14-77 PERMIT NO. 152

PHONE: Business _____ Home _____

LOCATION 215 Tk on 1135

_____ S. R. No. _____

SUBDIVISION NAME Royal Oak LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

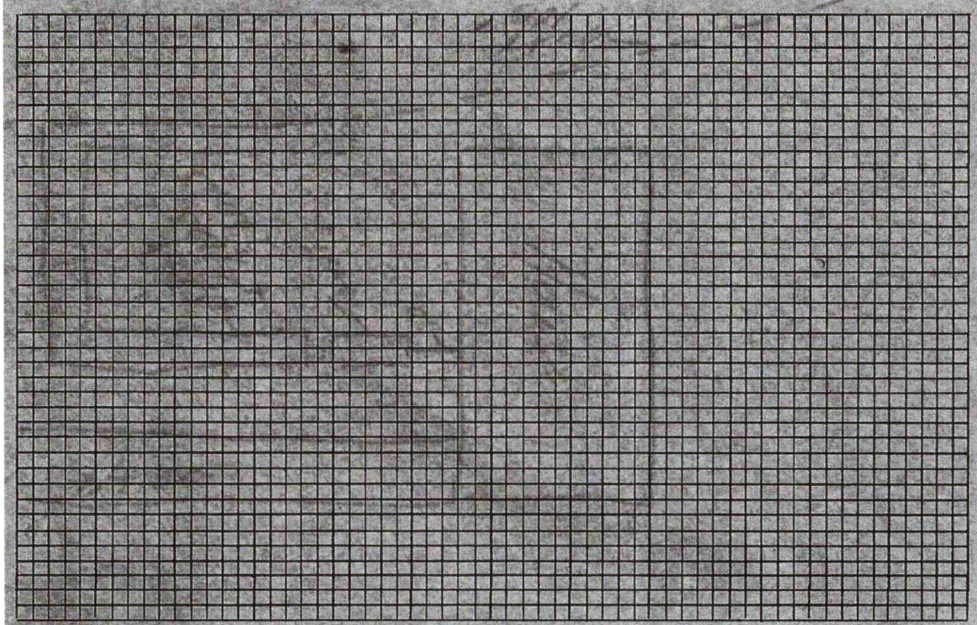
Character & Porosity of Soil Clayey

Percolation Rate Soil Borings

Topography 2% Slope

Depth to Water Table 10

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 225 Linear Ft. 250

Depth of Stone in Lines 18"

Water Supply: Individual ( )

Public ( )

Well Private

Installed by Tom Tucker

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 6-20-77

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

4646-85-9519

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 Tom Lester DATE 6-14-72 PERMIT NO. 152

PHONE: Business _____ Home _____

LOCATION 2.5 S Tk on 1135

S. R. No. _____

SUBDIVISION NAME Hyatt Oaks LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

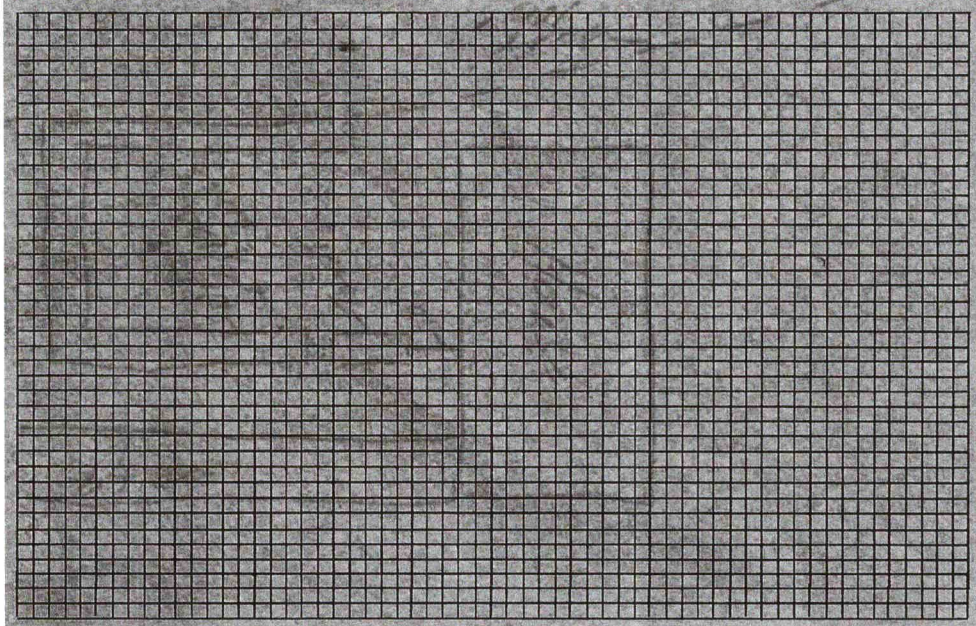
Character & Porosity of Soil Clay Loam

Percolation Rate Soil Borings

Topography 2-3% Slope

Depth to Water Table 12"

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 225 Linear Ft. 250

Depth of Stone in Lines 18"

Water Supply: Individual ( )

Public ( )

Well Pit

Installed by Tom Lester

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE _____

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

4646-85-9519

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 Tom Fuster DATE 6-4-92 PERMIT NO. 152

PHONE: Business _____ Home _____

LOCATION 21 S Tk on 1135

S. R. No. _____

SUBDIVISION NAME Royal Oaks LOT NO. 5 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 1 acre

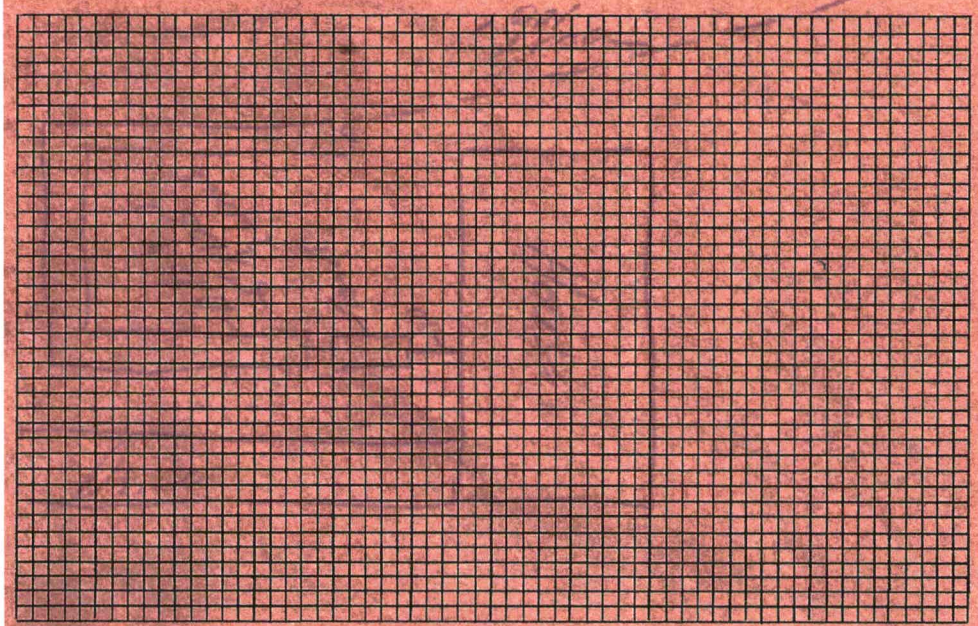
Character & Porosity of Soil Clay Loam Fair

Percolation Rate Soil Borings

Topography 22% Slope

Depth to Water Table 72

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 625 Linear Ft. 250'

Depth of Stone in Lines 18"

Water Supply: Individual (✓)

Public ( )

Well Site

Installed by Hoke Cyrus

IMPROVEMENTS PERMIT BY John Thurston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Thurston DATE 6-4-92

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

4646-85-9519

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 Tom Tuster DATE 6-14-77 PERMIT NO. 152

PHONE: Business _____ Home _____

LOCATION 115 TK on 1135

S. R. No. _____

SUBDIVISION NAME Royal Oak LOT NO. 5 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 1 acre

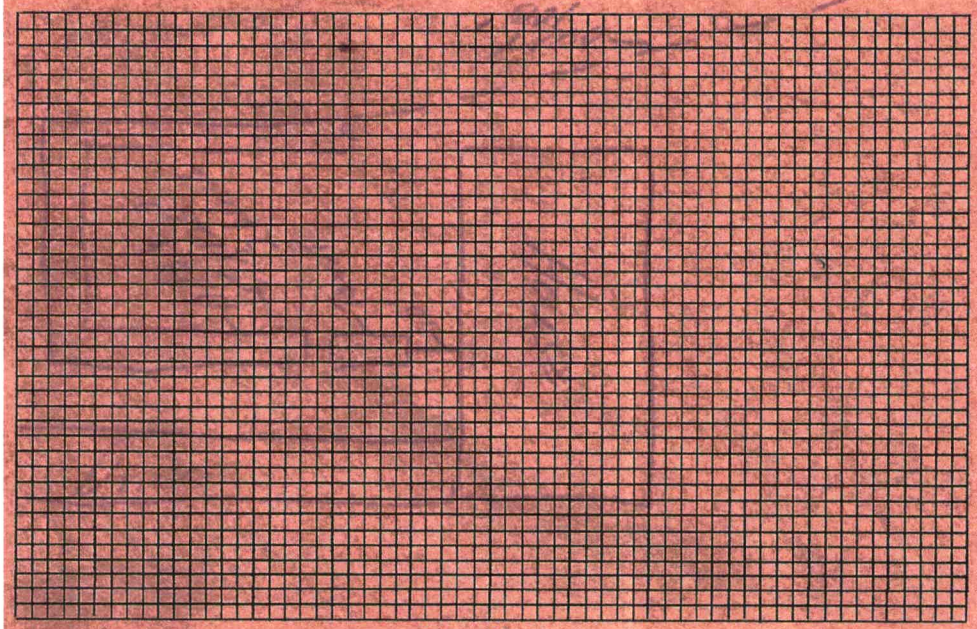
Character & Porosity of Soil Clay Loam Fair

Percolation Rate Soil Borings

Topography 2-7% Slope

Depth to Water Table 70

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 25 Linear Ft. 250'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

well for

Installed by Hoke Enterprises

IMPROVEMENTS PERMIT BY John Thurston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Thurston DATE 6-14-77

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

4646-85-9519

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 Tom Linker DATE 6-4-92 PERMIT NO. 152

PHONE: Business _____ Home _____

LOCATION 115 TR on 1125

S. R. No. _____

SUBDIVISION NAME Royal Oak LOT NO. 5 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 _____

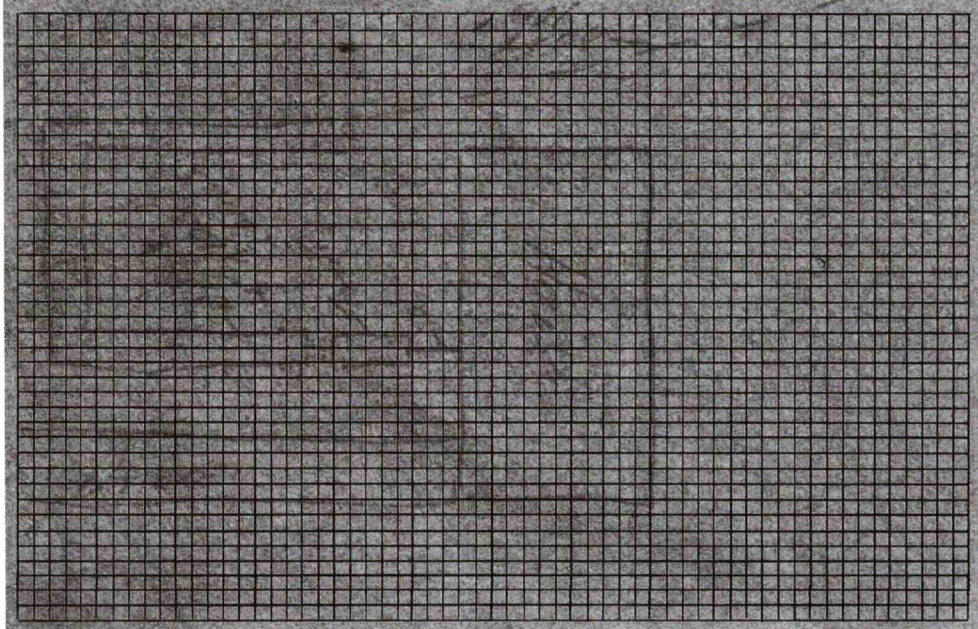
Character & Porosity of Soil Clay Loam

Percolation Rate Soil Borings

Topography Fair Slopes

Depth to Water Table 10'

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 225 Linear Ft. 250

Depth of Stone in Lines 24"

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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