4646950609

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 Hilda Katula James Jennings - Agent DATE 7-21-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215. N Wakelynn Rd. Turn to Regal Oaks 3rd house on left

SUBDIVISION NAME Regal Oaks LOT NO. _____ S. R. No. _____

SECTION OR BLOCK NO. _____

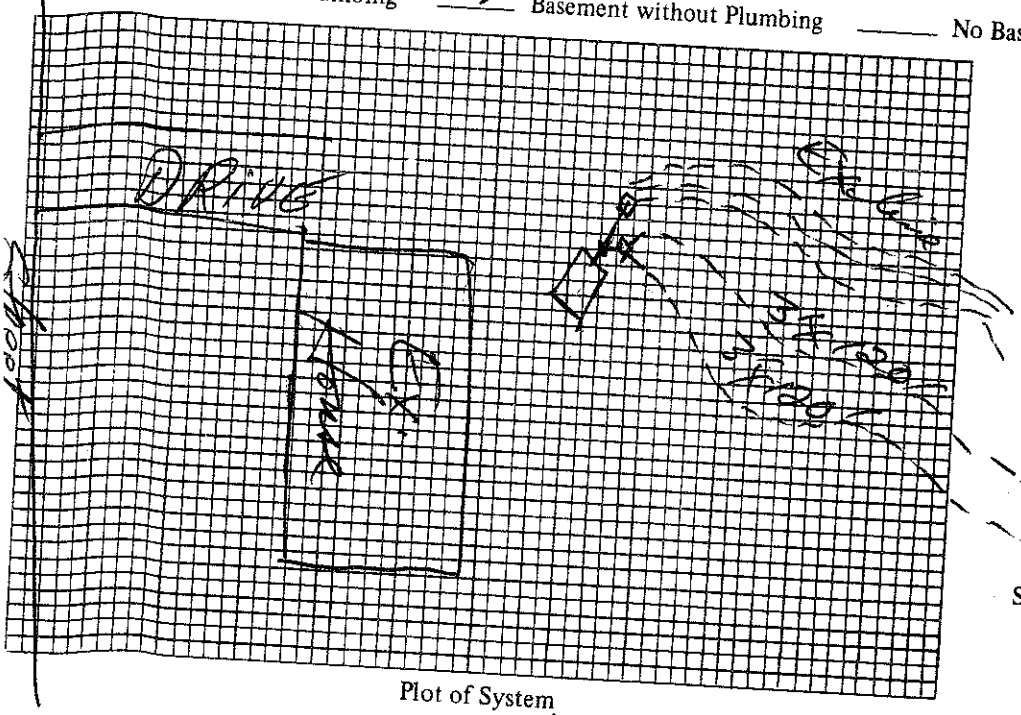
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms ~3 No. Bathrooms ~2

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 Split level _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Community well?

Installed by J.R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D.R. Hinson, R.S. DATE 7-21-87

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 James Jennings or Hilda Katula DATE Feb 25, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215. TR Waterlynn Rd. TR into Regal Oaks 3rd house on left S. R. No. _____

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

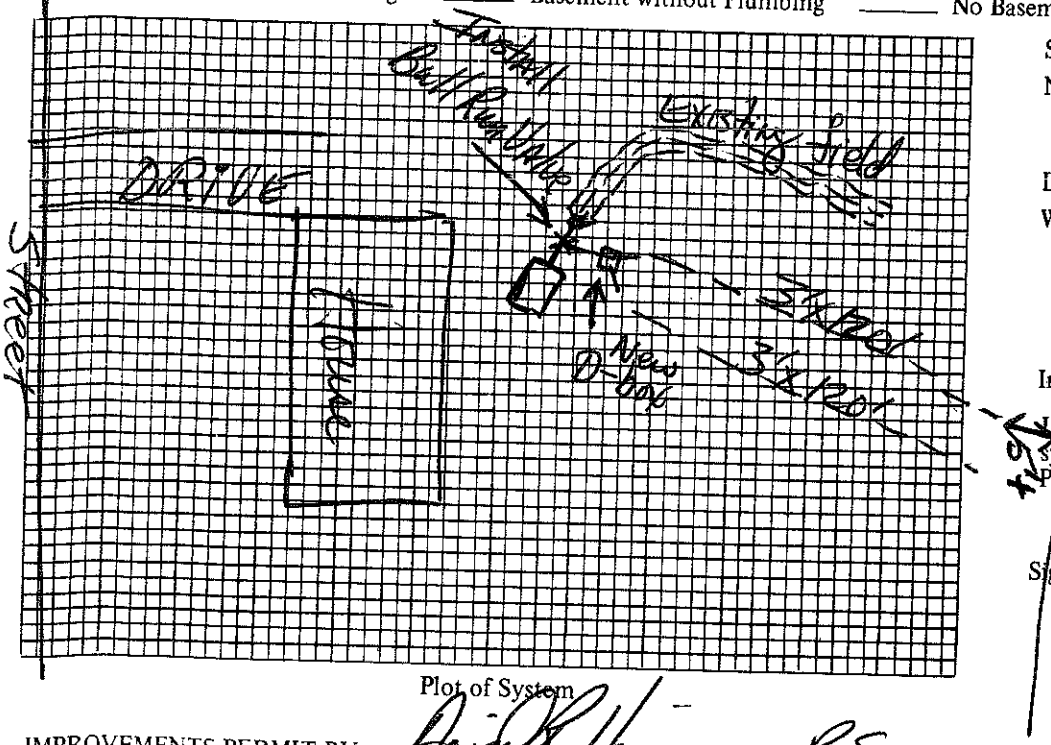
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms ~3 No. Bathrooms ~2

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 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

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 David K. Hinson, R.S.

COMMENTS: Keep new drainfield as shallow as possible (~12" cover)
Put excess dirt over old drainfield.

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