4647333061

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 Floyd Greene DATE Oct. 12, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215. TR 1100 on Right 2nd house before jct. w/ 1109 S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1-2

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

Lot Area Existing

Character & Porosity of Soil Clay

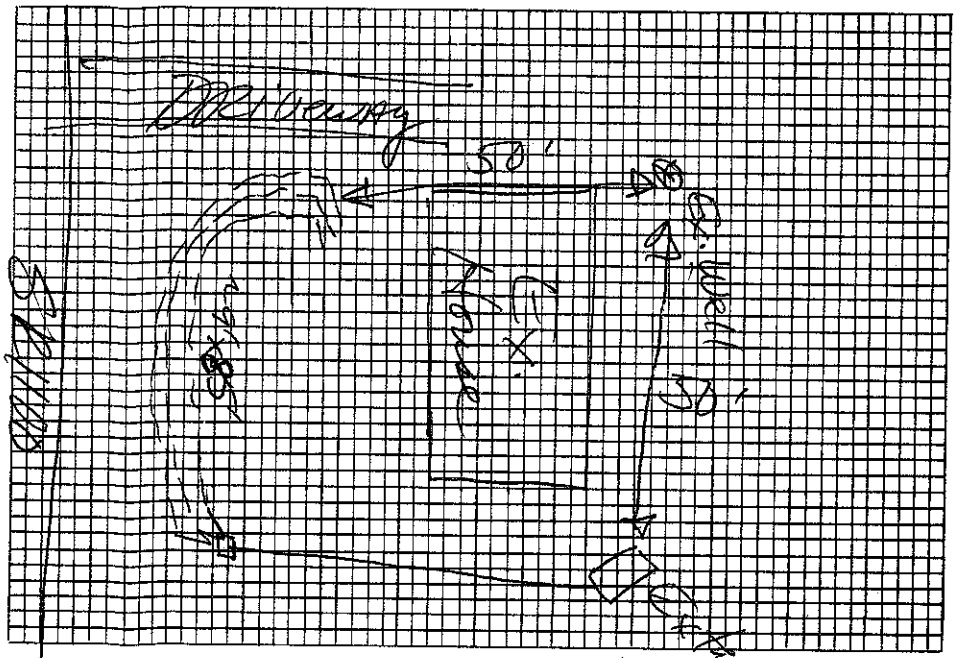
Percolation Rate 0.3-.4

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3 (9'x85' Bed)

Sq. Ft. 765 Linear Ft. 255

Depth of Stone in Lines 12"+

Water Supply: Individual (✓)

Public ( )

Installed by J J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 10-12-89

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 Floyd Greene DATE Oct. 2, '89 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 215 - TR1100 on Right 2nd house before jct. w/ 1109

SUBDIVISION NAME ______ S. R. No. ______

______ LOT NO. ______ SECTION OR BLOCK NO. ______

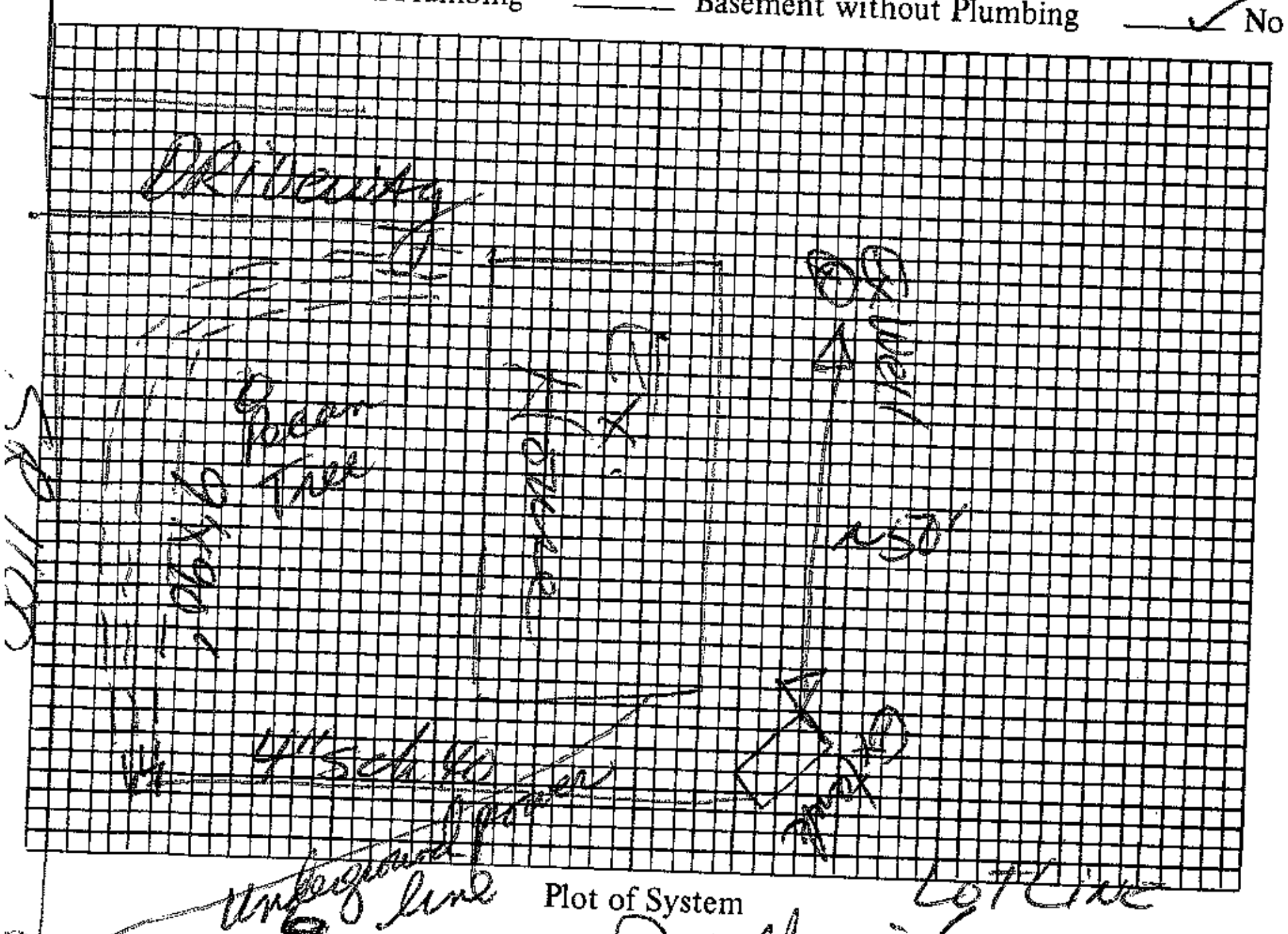
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 1-2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site ~~Suitable~~ PS	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Existing - limited space

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3 (9' x 90' Bed)

Sq. Ft. 810 Linear Ft. 270

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: ~~X~~ Floyd E. Greene

IMPROVEMENTS PERMIT BY DR Hinson, RS

COMMENTS: Public sewer supposed to be available approx. June 1991. Dig through old line if crossed and remove 6"+ and pack w/ dirt. Maintain 12" cover at shallowest part of new line. May need to start [illegible] deeper than usual.

CERTIFICATE OF COMPLETION BY ______

EXISTING SYSTEM CHECKED BY: ______ DATE ______

______ 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