4647-88-8222

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 L. T. Stones DATE 4-30-87 PERMIT NO. 6537

PHONE: Business _____ Home _____

LOCATION Oates Rd off 21S

SUBDIVISION NAME Scalet Oakes MHP S. R. No. _____

LOT NO. 11 & 12 SECTION OR BLOCK NO. _____

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

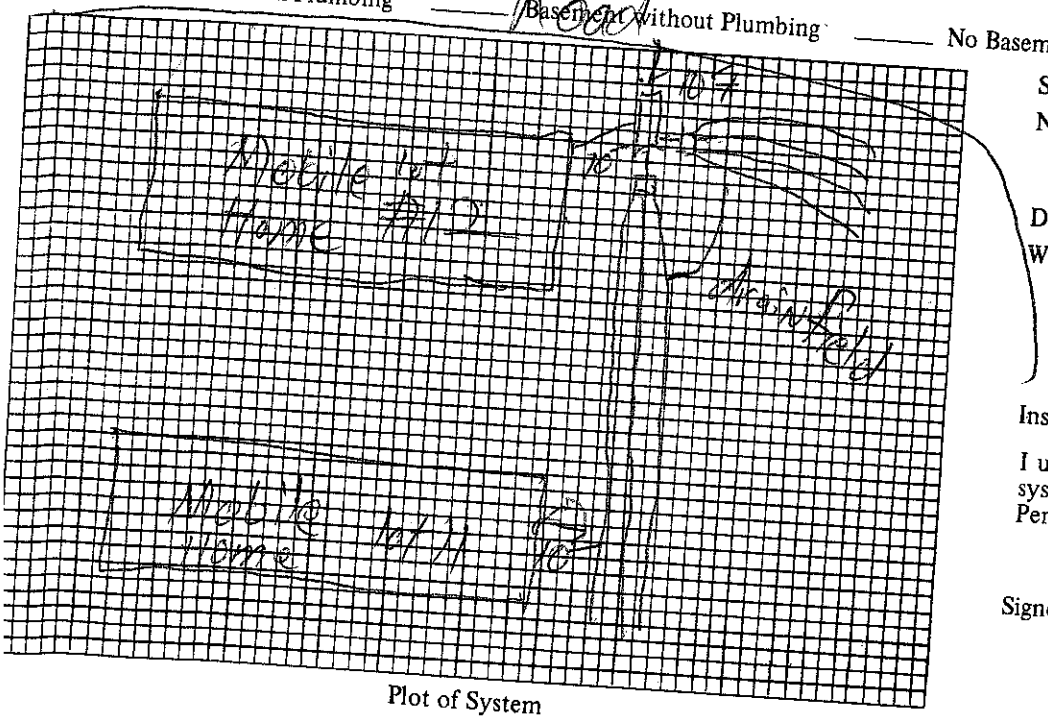
No. Bedrooms 6 No. Bathrooms 4

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 EXISTING
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1 Gals.
Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)
community well

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 date of inspection OK 2 mobile homes total 6 bedrooms & 4 baths

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett R.S. DATE 4-30-87

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 Tyrone Stoner DATE 11-8-84 PERMIT NO. 405

PHONE: Business _____ Home _____

LOCATION 21N TL 1305 at end on R

SUBDIVISION NAME Scarlett Oaks MH Park LOT NO. 1912 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 6 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 ( )	

Character & Porosity of Soil clay loam

Percolation Rate 2

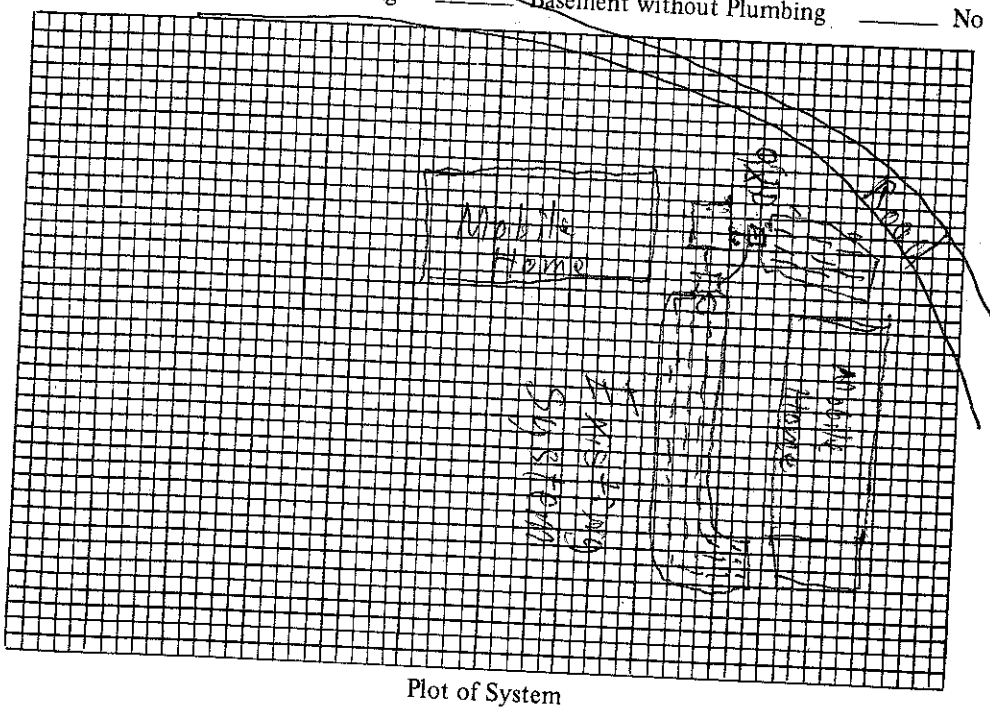
Topography Existing

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

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 Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 11/8/84

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 Tyrone Stoner DATE 10-16-84 PERMIT NO. 285

PHONE: Business _____ Home _____

LOCATION ~~2 North~~ TC 1305 Attend on R

S. R. No. _____

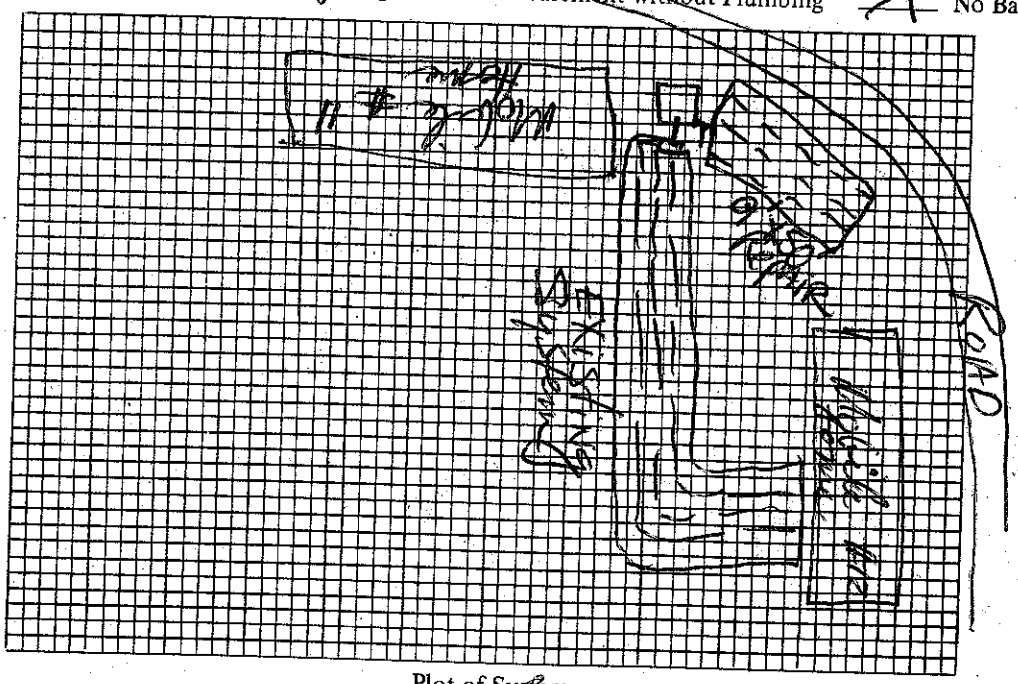
SUBDIVISION NAME Scarlet Oaks MH Park LOT NO. 11H2 SECTION OR BLOCK NO. _____

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

No. Bedrooms 6 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	
Lot Area Existing			Rock or other impervious formations	System

_____ Basement ~~with Plumbing~~ _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public X

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: keep system shallow

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