4647-87-7677

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 6-13-85 PERMIT NO. 265

PHONE: Business _____ Home _____

LOCATION 2 North 72 1305 Pasco 2nd Drive 2nd on ~~Left~~ Right S. R. No. _____

SUBDIVISION NAME Scarlet Oaks MH Park LOT NO. 19 SECTION OR BLOCK NO. _____

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

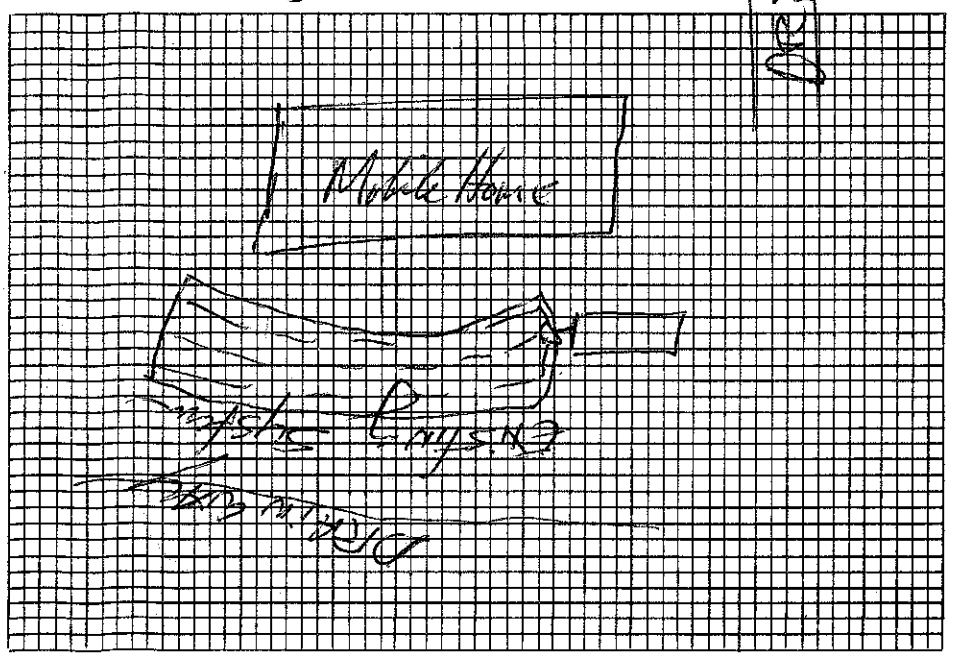
No. Bedrooms 3 No. Bathrooms 2

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 _____
Percolation Rate _____
Topography Existing system
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing X 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 (X)

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 inspected

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 6-13-85

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 3-30-82 PERMIT NO. 65

PHONE: Business _____ Home _____

LOCATION 21 North to 1305 Newsgard TR Scarlet Oaks MH Park on left 1st Lot on left

S. R. No. _____

SUBDIVISION NAME Scarlet Oaks MH Park LOT NO. 19 SECTION OR BLOCK NO. _____

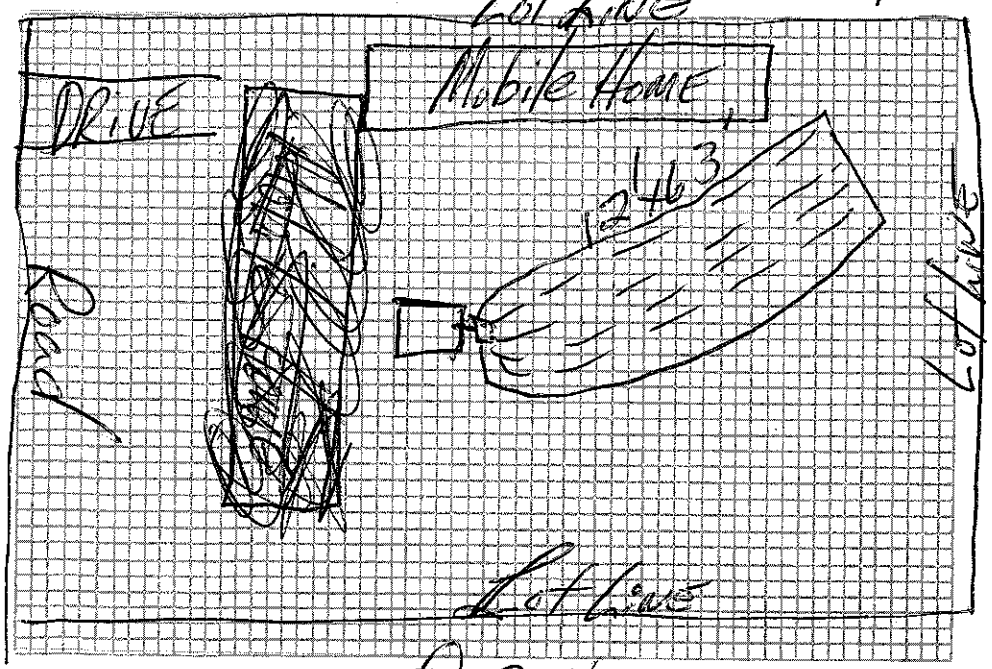
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 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 ( )
Lot Area 15,000 Ft²

Character & Porosity of Soil Muddy loam
Percolation Rate Slight
Topography 2-10%
Depth to Water Table Unknown
Rock or other impervious formations None Observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 750'
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (X)

Installed by J. C's Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY D. R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 3-30-82

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 Stover DATE Dec. 5, 1980 PERMIT NO. 41

PHONE: Business ____ Home ____

LOCATION Hwy 21 N TL on 1305 ~ 1 mi on Rt.

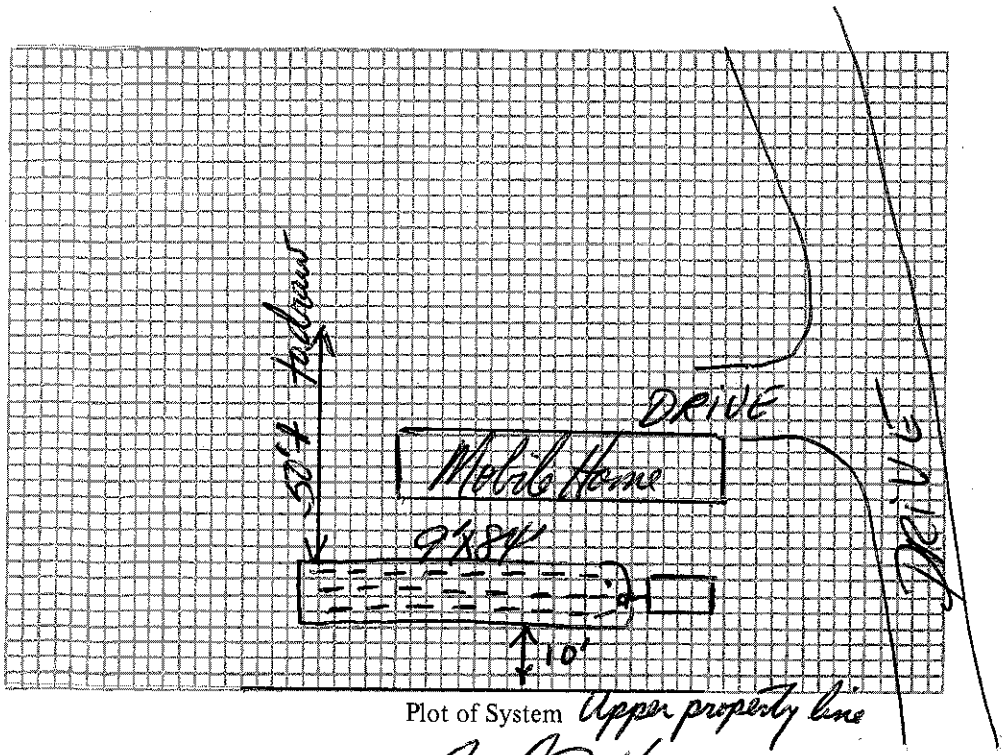
S. R. No. ____

SUBDIVISION NAME Sparks Oaks M.H. Park LOT NO. 19 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 15,000 ft²+

Character & Porosity of Soil Clay loam
Percolation Rate 30 min/in
Topography 6-8%
Depth to Water Table sink.
Rock or other impervious formations none obs.



Plot of System Upper property line

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)
Community Well

Installed by ____

IMPROVEMENTS PERMIT BY David R. Hinson

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