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 Stowe DATE 6-11-79 PERMIT NO. 202

PHONE: Business _____ Home _____

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

S. R. No. _____

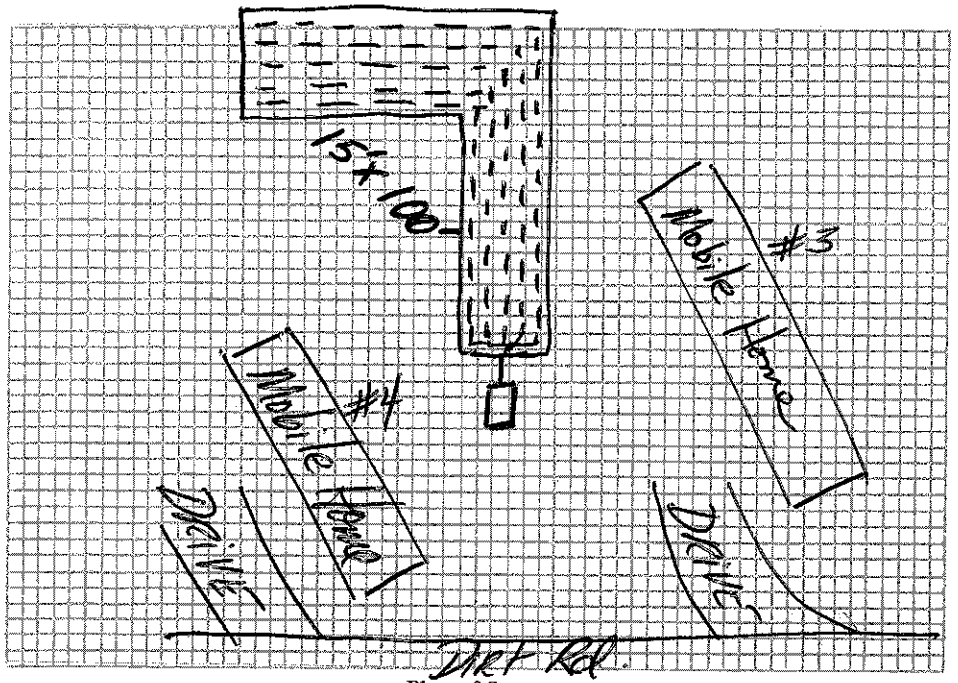
SUBDIVISION NAME Sacket Oaks Mobile Home Park LOT NO. 3, 4 SECTION OR BLOCK NO. _____
formerly Lakeview Mobile Home Park

House ( ) 2 Mobile Home (4) Business ( ) Other _____

No. Bedrooms 6 No. Bathrooms 4

Garbage Disposal Unit Yes ( ) No (4)
Auto. Dishwasher Yes (4) No ( )
Auto. Wash. Machine Yes (4) No ( )
Site Suitable Yes (4) No ( )
Lot Area 15000 ft²

Character & Porosity of Soil clay loam
Percolation Rate 80 spi +
Topography 2%
Depth to Water Table unk.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field: —
No. of Lines 5
Sq. Ft. 1500 Linear Ft. 500
Depth of Stone in Lines 16" +
Water Supply: Individual ( )
Public (4)
Community Well
Installed by JC's Backhoe Service

IMPROVEMENTS PERMIT BY D R Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 6-11-79

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

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 5-23-79 PERMIT NO. 161

PHONE: Business _____ Home _____

LOCATION 21 N Th on 1305 a 1 mi. on Rt.

S. R. No. _____

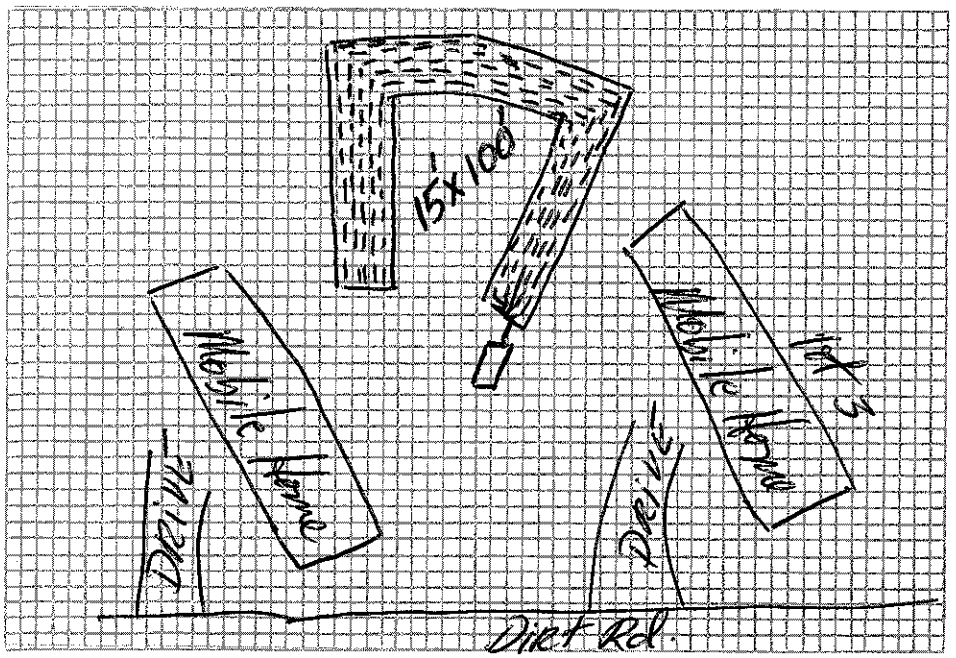
SUBDIVISION NAME Scarlet Oaks Mobile Home Park LOT NO. 3 & 4 SECTION OR BLOCK NO. _____
formerly Lakeview MH Park

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

No. Bedrooms 6 No. Bathrooms 4

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	80 mpi +	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	unk.	
			Rock or other impervious formations	none obs	

Lot Area ~ ½ AC.



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1500 Linear Ft. 500
Depth of Stone in Lines 16 in.

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

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 Hyrone Stowers DATE 12-31-79 PERMIT NO. 443

PHONE: Business _____ Home _____

LOCATION 21 N R on 1305 ~ ½ - 1 mi on Rt.

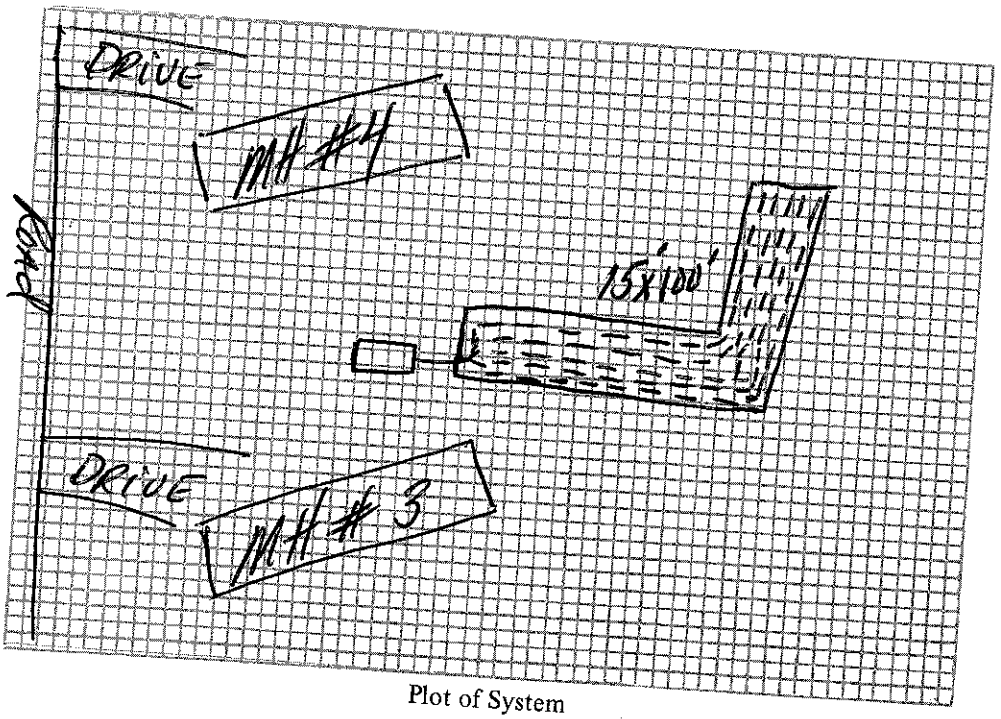
SUBDIVISION NAME Scarlet Oaks M.H. Park S. R. No. _____

LOT NO. 3 & 4 SECTION OR BLOCK NO. _____

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

No. Bedrooms 6 No. Bathrooms 4

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes (2)	No ( )	Percolation Rate _____
Auto. Wash. Machine	Yes (2)	No ( )	Topography _____
Site Suitable	Yes (2)	No ( )	Depth to Water Table _____
Lot Area Existing			Rock or other impervious formations _____



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1500 Linear Ft. 500

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public (✓)

Community Well

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working OK

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 12-31-79

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