4647-88-6290

12890

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 Lo Tyrone Stoner DATE May 28, '91 PERMIT NO. 29-B-91A

PHONE: Business _____ Home _____

LOCATION 21 N. TL 1305 (Oates Rd.) Near end Bear Right into M.H. Park 500' + off road S. R. No. _____

SUBDIVISION NAME Scarlet Oaks M.H. Park LOT NO. 10 & 11 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Replacing MH on lot 11 - no increase in daily design flow

No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil _____

Percolation Rate _____

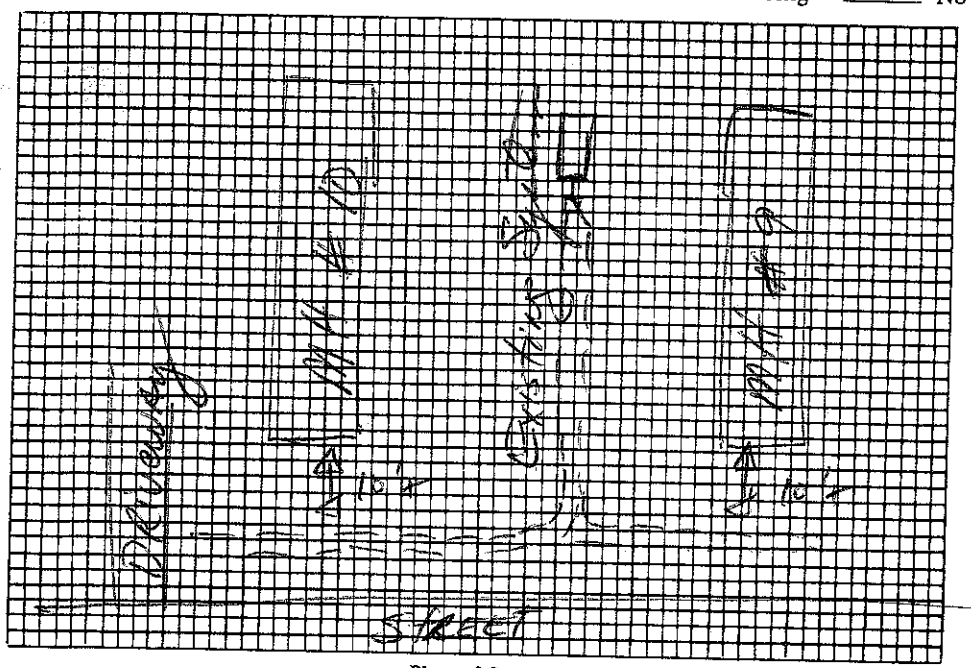
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing (2 MH's on Ex. Sys)

_____ Basement with Plumbing _____ Basement without Plumbing ✓ 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 ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Mark R. Hanson, RS, EHC DATE 5/28/91

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

4647-88-6290

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 6-28-79 PERMIT NO. 223

PHONE: Business _____ Home _____

LOCATION Hwy 21 N T.L. on 1305 – 1mi. on Rt.

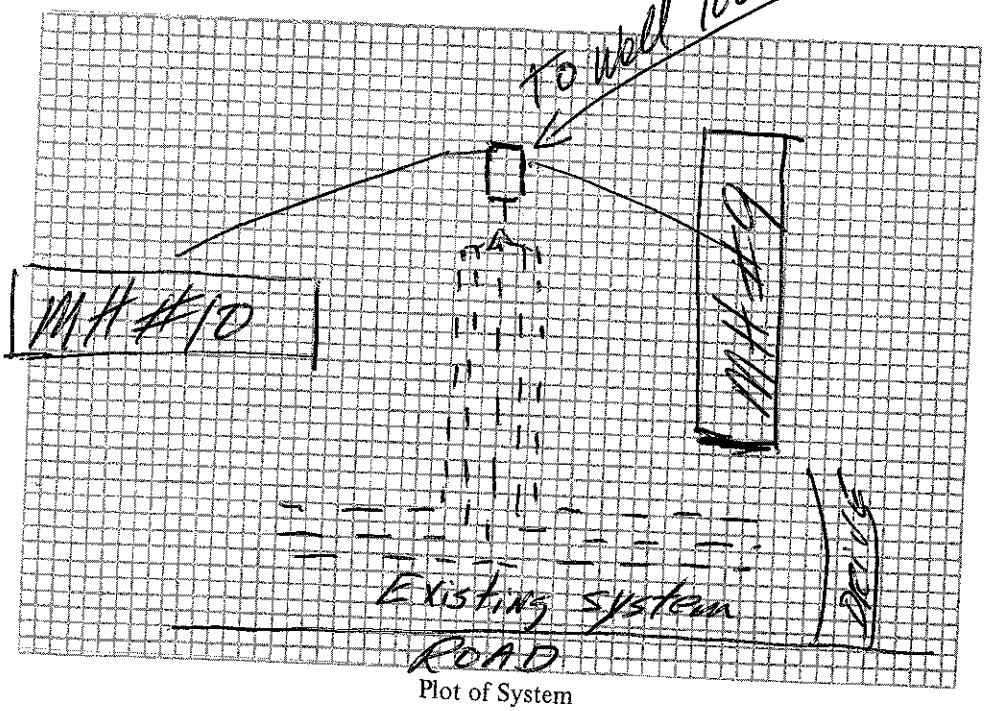
SUBDIVISION NAME Scarlet Oaks M.H. Park LOT NO. 9-10 S. R. No. _____

SECTION OR BLOCK NO. 2

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

No. Bedrooms 6 No. Bathrooms 4

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 _____
Lot Area Existing			Rock or other impervious formations _____



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 (✓)
Community Well

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working ok at time of inspection. Need to change drive location @ ok # 10.

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 6-28-79

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