4647-87-8944

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 11-8-84 PERMIT NO. 406

PHONE: Business _____ Home _____

LOCATION 21 N TL 1305 at endow R (House)

_____ S. R. No. _____

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

House (X) Mobile Home ( ) Business ( ) Other repair (new system)

No. Bedrooms 3 No. Bathrooms 1

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 Existing

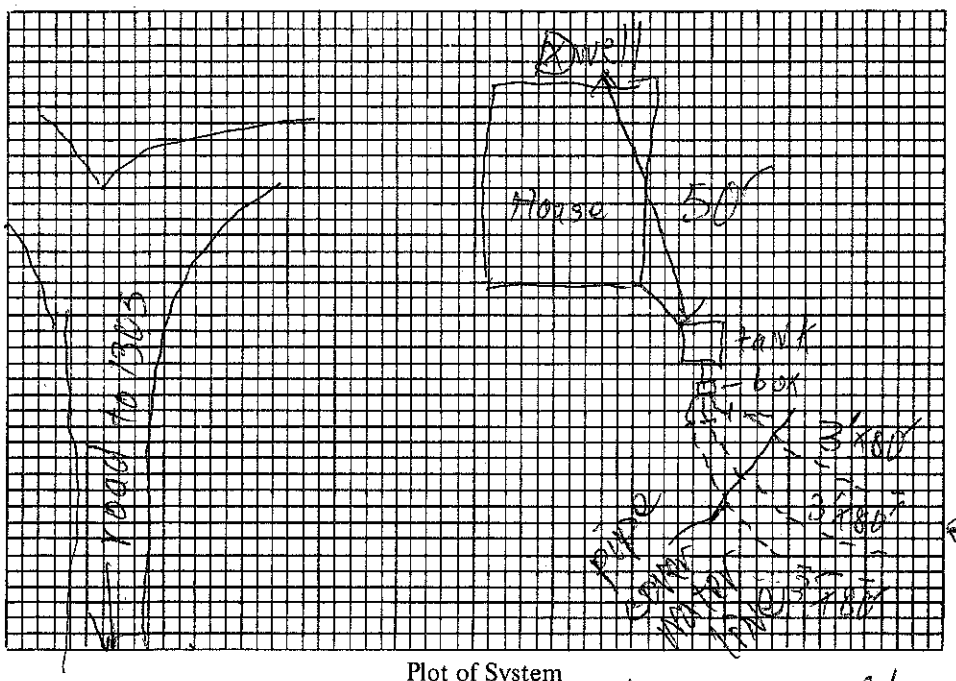
Topography _____

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 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines _____

Water Supply: Individual (X)

Public ( )

Installed by Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer & Charles K. Barnett

COMMENTS: pipe cover water lines

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 11-7-84 PERMIT NO. 294

PHONE: Business _____ Home _____

LOCATION 21N Tk 1305 at end on R House S. R. No. _____

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

House (X) Mobile Home ( ) Business ( ) Other repair (New system)

No. Bedrooms 3 No. Bathrooms 1

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

Character & Porosity of Soil _____

Percolation Rate Existing

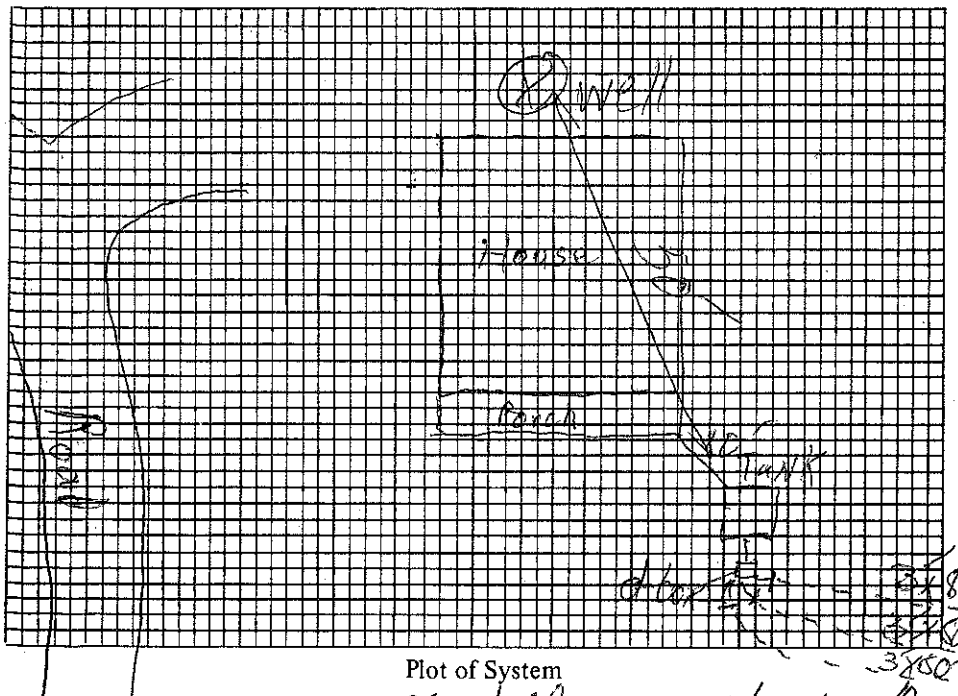
Topography _____

Depth to Water Table system

Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

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: Richard Allen Stoner

IMPROVEMENTS PERMIT BY Fred Clemmer & Charlie Burnett

COMMENTS: keep system shallow follow contour relay out

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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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. 286

PHONE: Business _____ Home _____

LOCATION 21 North, TL 1305 At end on R House S. R. No. _____

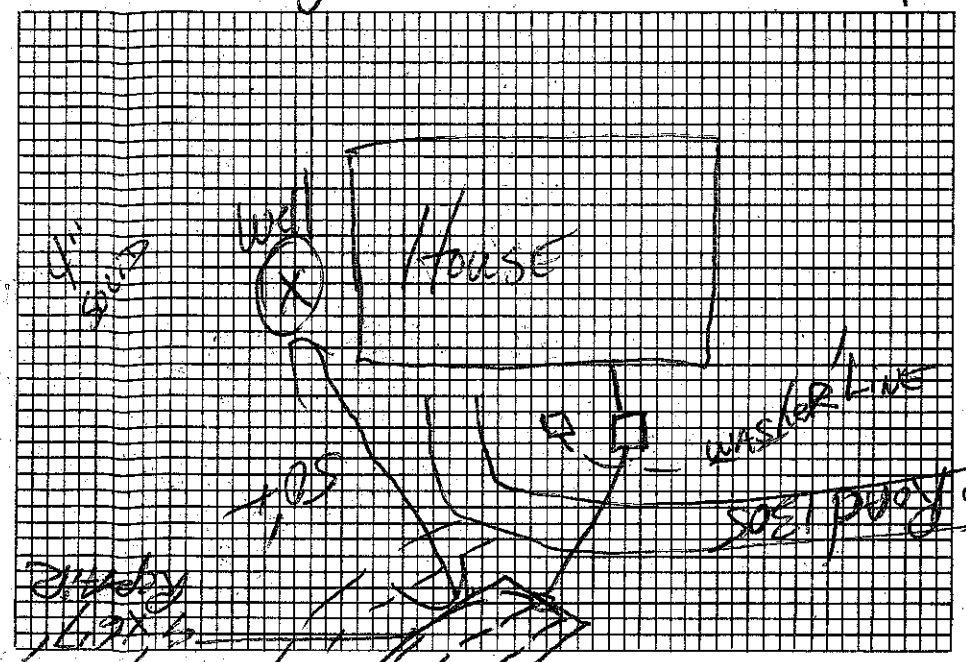
SUBDIVISION NAME Scarlett Oaks LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1 1/2

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

_____ 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. 600 Linear Ft. 200
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: (X) _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow, find tank, + pump tank, Run, Sch 40 pipe under Road

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