4648028922

10116

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 Jeff Griffith DATE 8/16/89 PERMIT NO. ZP-6-A-34

PHONE: Business _____ Home _____ * Sam Laws 663-3101

LOCATION 150 W. TR Bluefield TL Big Indian Loop TR at lake ½ mile. On L. S. R. No. _____

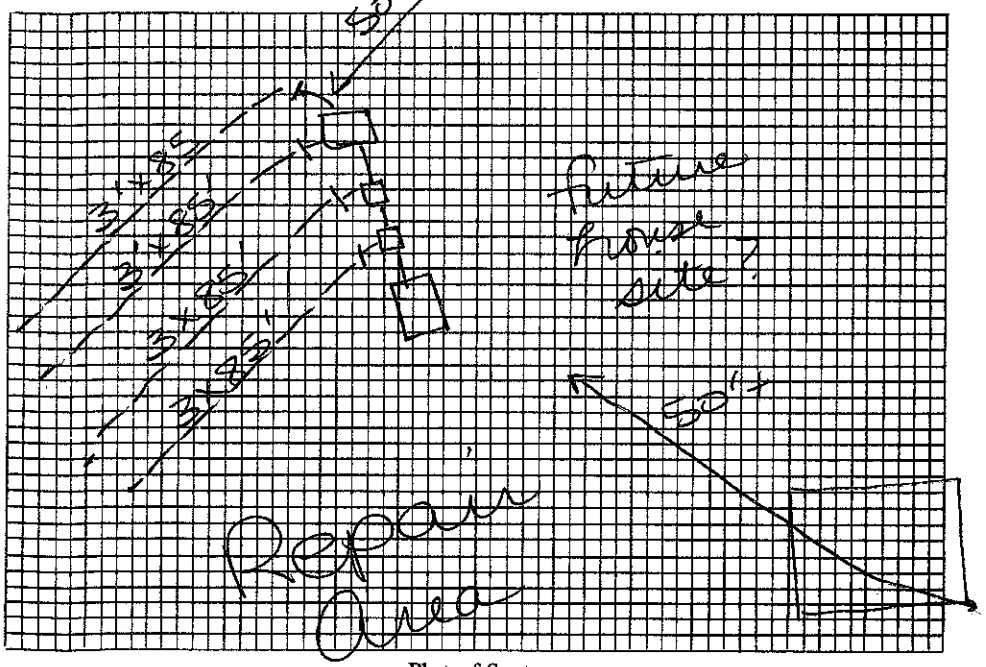
SUBDIVISION NAME C L and T LOT NO. 1071 SECTION OR BLOCK NO. 12

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

No. Bedrooms 3	No. Bathrooms 2		Character & Porosity of Soil	Clayey	
Garbage Disposal Unit	Yes (✓)	No ( )	Percolation Rate	.35gpd/ft2	
Auto. Dishwasher	Yes (✓)	No ( )	Topography	8%	
Auto. Wash. Machine	Yes (✓)	No (✓)	Depth to Water Table	4'+	
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	none obs.	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1020 Linear Ft. 340

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed _____ owner

IMPROVEMENTS PERMIT BY ACP.

COMMENTS: ROAD

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S. DATE 8/16/89

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

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 10165720 PIN# 4648028922 DATE 9/6/2001

OWNER OR CONTRACTOR Spivey Construction Co. PHONE: Business 483-9844 Home Brad 363-0214

ADDRESS P.O. Box 644 Denver, NC 28037

LOCATION Blue Field Tr Big Indian Tr at lake #459

SUBDIVISION Cl of T BLOCK / SECTION 12 LOT 1071 LOT AREA .98 Acre SITE CLASS PS DESIGN FLOW 360gpd T.A.R.

Septic Tank: Existing Gallons: STB Date

Pump Tank: Existing Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Existing Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - Conventional

Repair System Description:

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

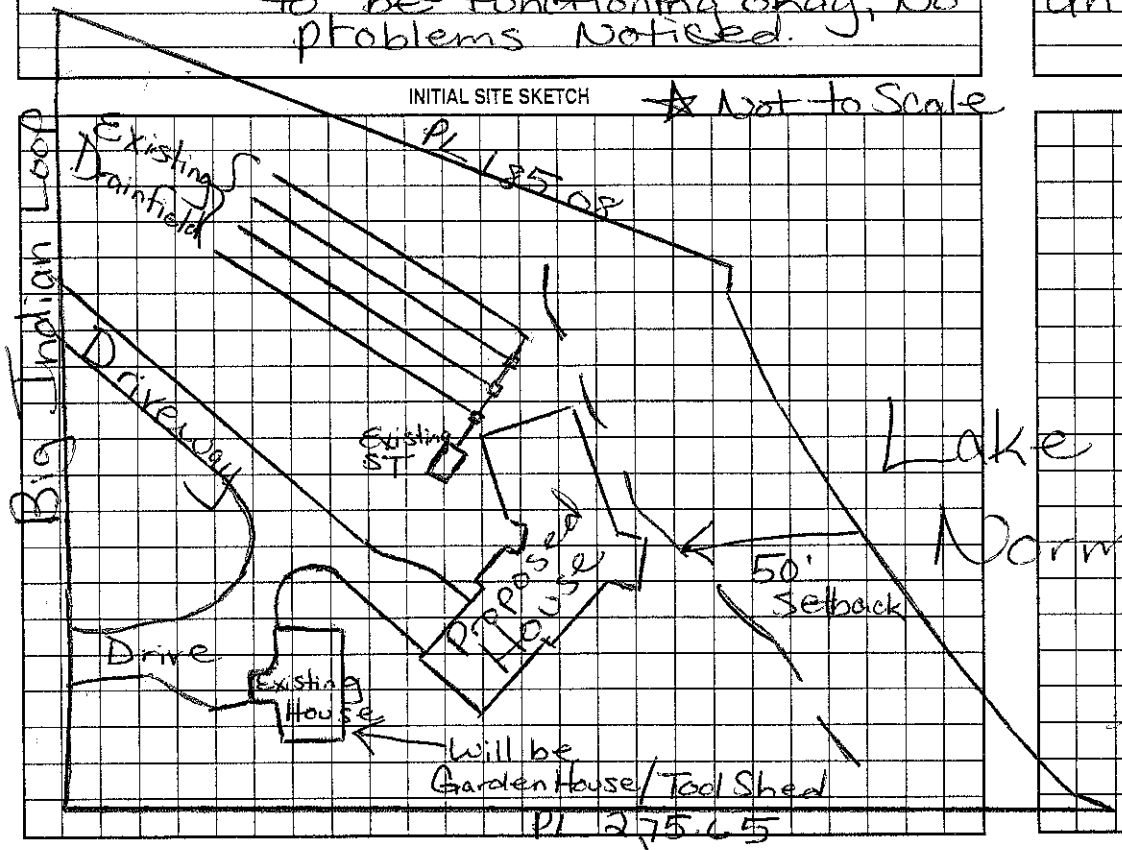
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Existing Septic System appears to be Functioning okay, No problems Noticed.

Comments:/Conditions: ★ Must keep Septic System and house at least 5' apart.

INITIAL SITE SKETCH ★ Not to Scale



AS BUILT SKETCH

Original Septic System Installed 1989

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X _____ date _____

Improvement Permit by: Maina H. Dotson RS date 9/6/01

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maina H. Dotson RS date 9/6/01

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

10116

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 Jeff Griffith DATE 8/16/89 PERMIT NO. 2P-6-A-34

PHONE: Business _____ Home _____ * Sam Lowe 663-3101

LOCATION 150 W. TR Bluefield TL Big Indian Loop TR 1st lake 1/2 mile. On L. S. R. No. _____

SUBDIVISION NAME CL and T LOT NO. 1071 SECTION OR BLOCK NO. _____

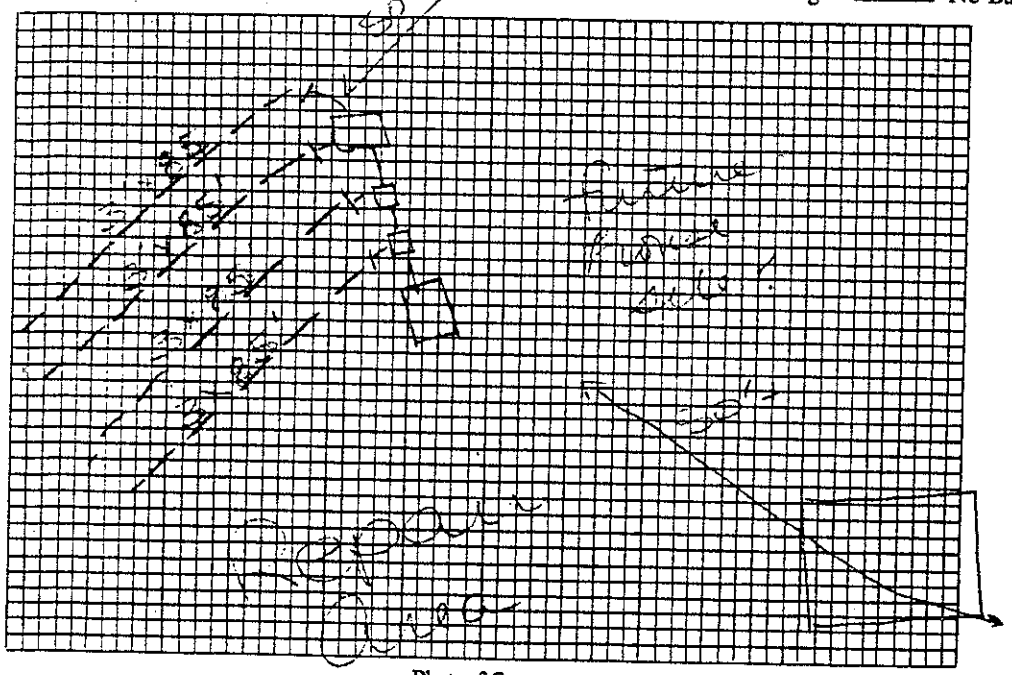
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Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .35 gpd/ft2
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 4'+
			Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

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Installed by _____

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Signed _____

IMPROVEMENTS PERMIT BY ACP.

COMMENTS: ROAD

CERTIFICATE OF COMPLETION BY Andrew C. Pierce, R.S. DATE 8/16/89

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

John JDrayer@Greensboro.Com