4654-96-1898

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 Clyde & Shirley Bishop DATE 9/30/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TL 1138 (PRESBYTERIAN) TR INTO DEVELOPMENT
Near end on R. S. R. No. _____

SUBDIVISION NAME Davidson Downes LOT NO. 24 SECTION OR BLOCK NO. _____

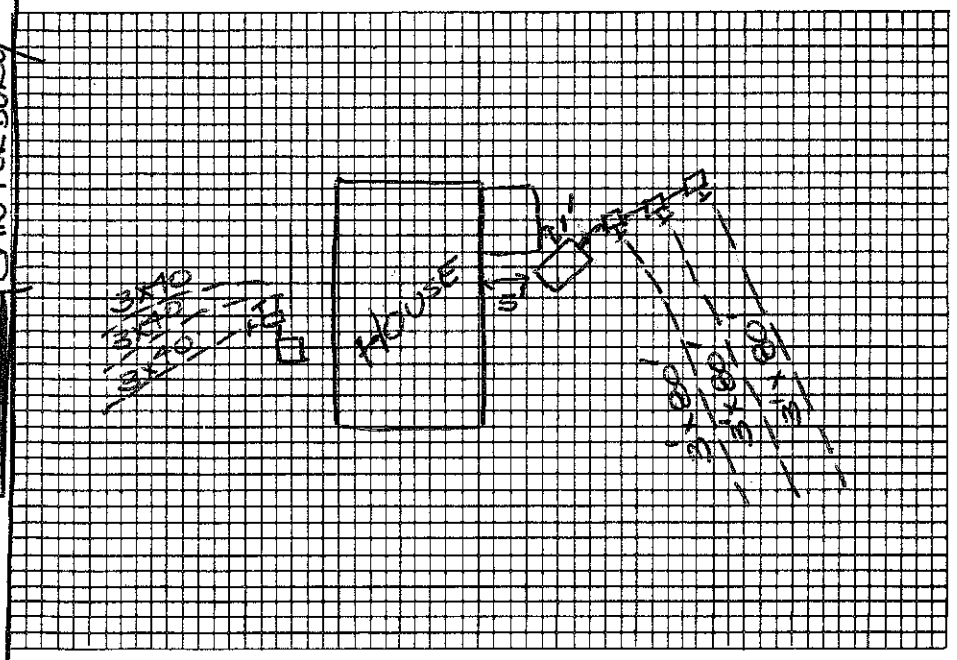
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate ~.4
Topography 2-4 front 15-25 back
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement split:



Plot of System NTS.

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)
Washer: 3 lines 12" stone
120' total line
Installed by Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Design of sewage seen at time of inspection
Tank is ~1' from deck but 5' from house.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrea C. Pierce DATE 10/3/88

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 Clyde & Shirley Bishop DATE 12/31/87 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 115S TL 1138 (PRSBYTERIAN RD) TR into DEVELOPMENT near end on R. S. R. No. ______

SUBDIVISION NAME DAVIDSON DOWNES LOT NO. 24 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 ( )

Character & Porosity of Soil Clay

Percolation Rate ~.4 gpd/ft²

Topography 2-4 front 15-25 BACK

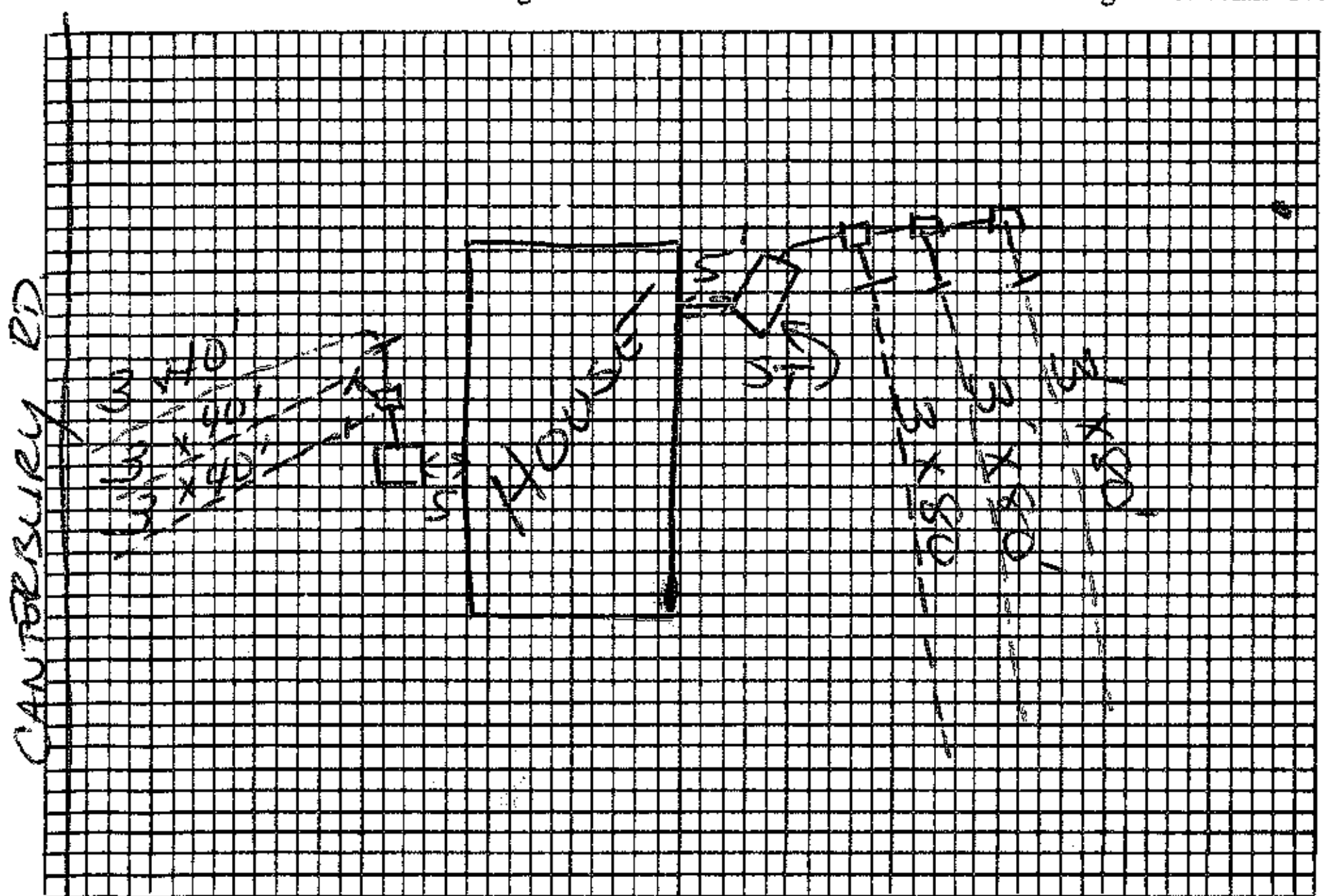
Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area 20000 ft²

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement

SPLIT SYSTEM



Plot of System NTS

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (~~✓~~)

Public (✓)

WASHER

3 lines 12" Stone

Installed by ABERNATHY

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

120' total

360 ft²

Signed: ______

IMPROVEMENTS PERMIT BY DRH

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Andre C Pierce DATE 12/31/87

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