#92-4654879173 #91-4654970260

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 Judd R. Jones DATE 4-13-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. to 1138 (Presbyterian Rd.) R into Davidson Downes bear Rt near end on left S. R. No. _____

SUBDIVISION NAME Davidson Downes LOT NO. 91 92 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

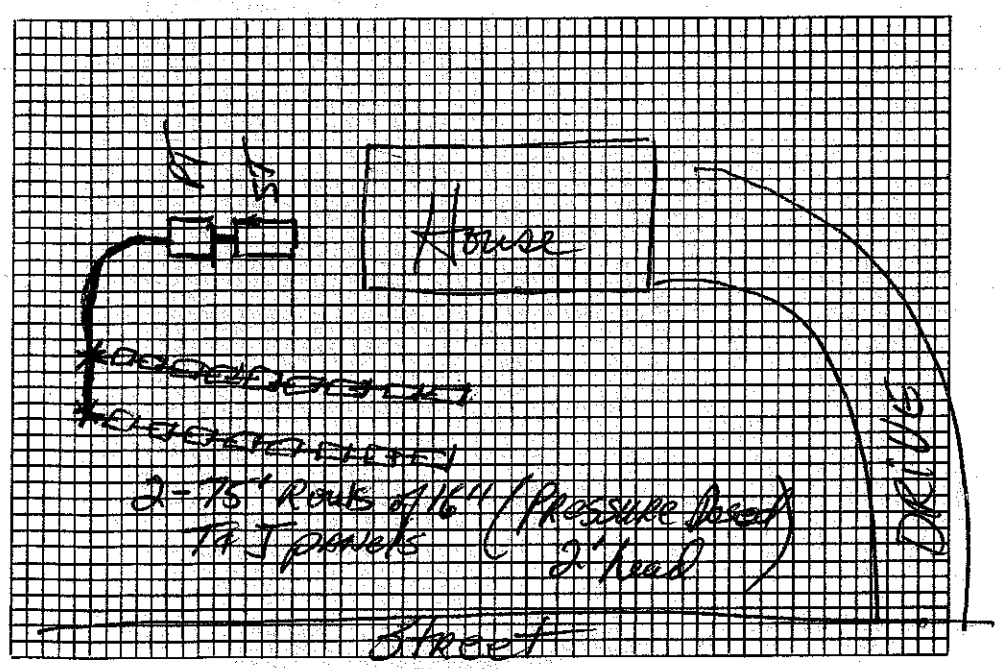
Garbage Disposal Unit	Yes	(✓)	No	( )
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	(✓)	No	( )

Character & Porosity of Soil clay
Percolation Rate 2, 4
Topography 2-4% near road
Depth to Water Table 4ft
Rock or other impervious formations none obs.

Lot Area 1.5 Ac.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement

1000 gal pump tank



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 150'
Depth of Stone in Lines 16" ✓ pavels

Water Supply: Individual ( )
Public (✓)
Community Well

Installed by Bill Woolbridge

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DR Hinson R.S. DATE 4-13-87

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

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 Judd R. Jones DATE 10-17-86 PERMIT NO. 436

PHONE: Business ______ Home ______

LOCATION 115 S. TC 1138 (Presbyterian Rd.) TR into Davidson Downes Bear Rt. – on left S. R. No. ______

SUBDIVISION NAME Davidson Downes LOT NO. 91 & 92 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 next to road clay

Percolation Rate 1/4

Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area 1.5 Ac

______ Basement with Plumbing ✓ Basement without Plumbing ______ No Basement

1000 gal. pump tank w/o Baffle

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

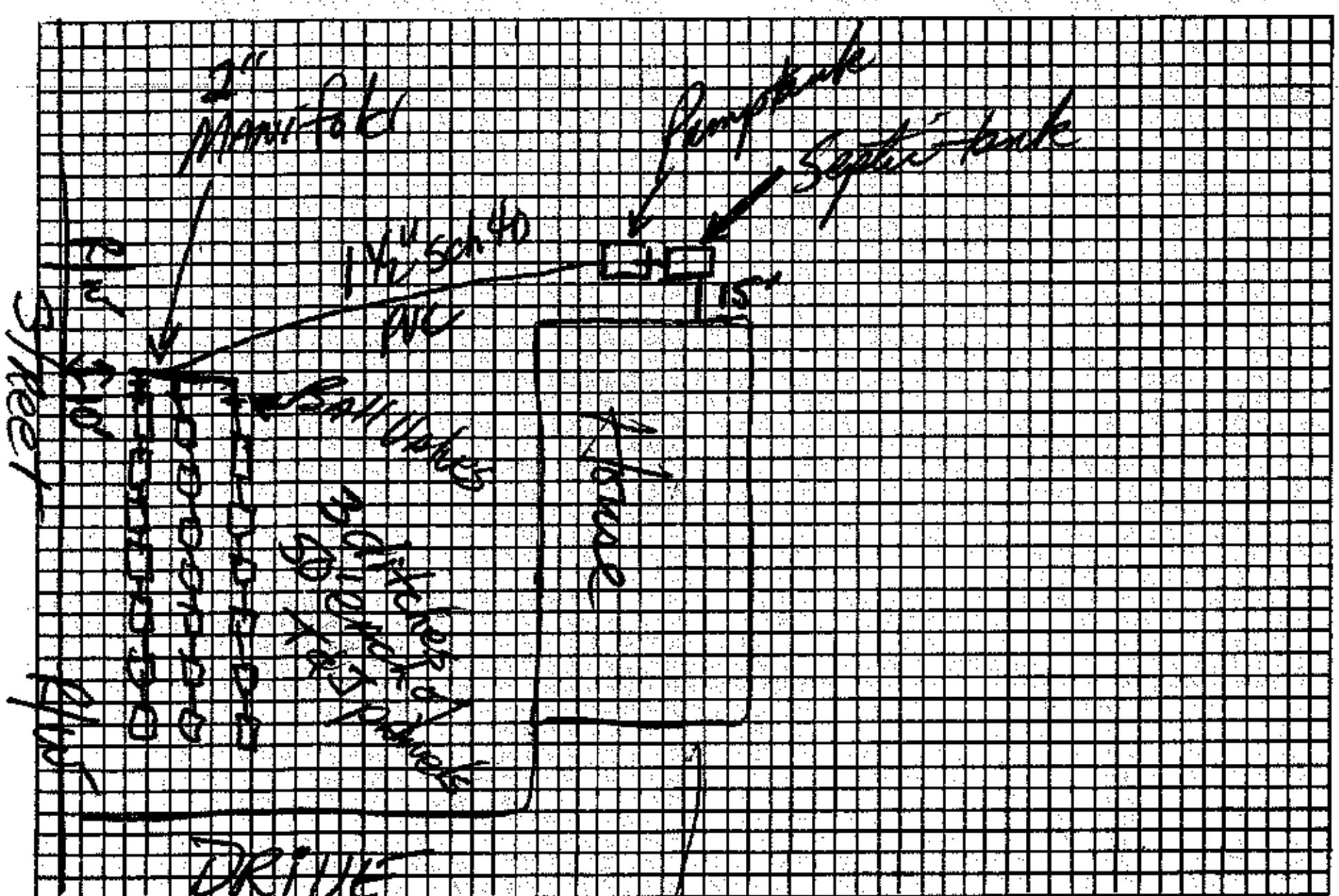
Sq. Ft. ______ Linear Ft. 150' of

~~Depth of Stone in Lines~~ 16" T&J panels

Water Supply: Individual ( )

Public (✓)

Community Well



Plot of System

Installed by ______

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

Signed: Jim Harris

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: If owner decides to have plumbing in basement, switch tanks' locations to rear of house. Pressure dose 150' of 16" T&J panels.

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