4655374166

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 Richard Allen Gibbs DATE 9-3-87 PERMIT NO. _____

PHONE: Business _____ Home 892-1466

LOCATION 1155 TR 1136 (Faith Rd) Pass 1137 (Midway Lake Rd) ~6 house on Right (~1/4 mi) on R. S. R. No. _____

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

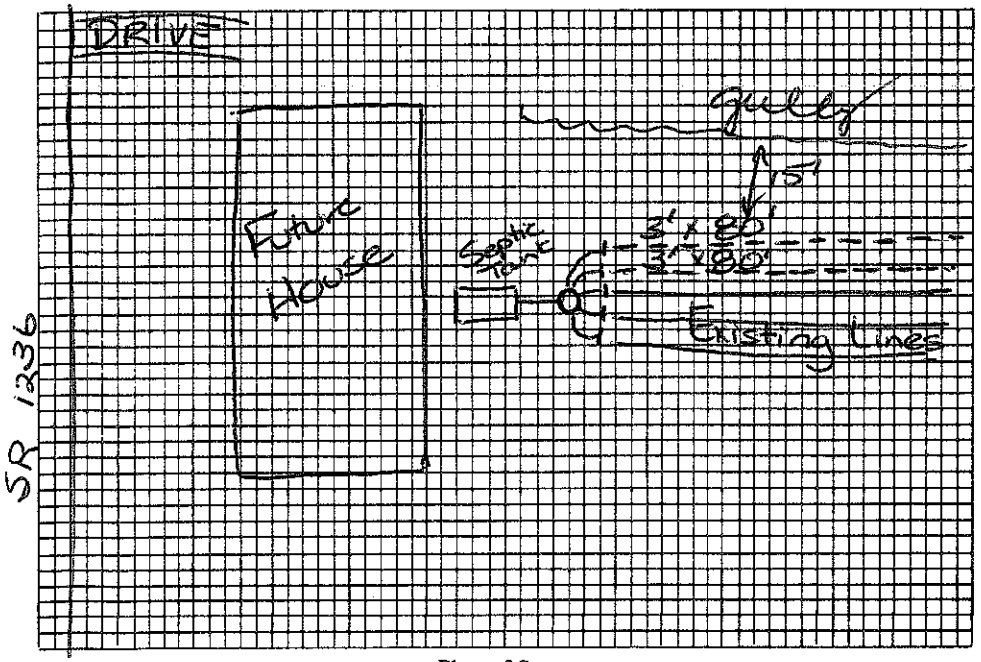
House ( ) Mobile Home ( ) Business ( ) Other repair addition

No. Bedrooms 4 No. Bathrooms 3
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clayey
Percolation Rate ~4
Topography 2-6%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 3 Acres +

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NTS.

Size of Tank existing - 1000 Gals.
Nitrification Field: new lines
No. of Lines 2
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

old lines - 240' linear

Installed by W. BRIDGES

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

Signed: _____

IMPROVEMENTS PERMIT BY André C. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY André C. Pierce DATE 9-3-87

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

07320

1:30

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 [redacted] Richard Allen Gibbs DATE 8-28-87 PERMIT NO. _____

PHONE: Business _____ Home 892-1466

LOCATION 115S TR 1136(Faith Rd) Pass 1137(Midway Lake Rd) ~6 house on Rt/ft (~1/4 mi) on Rt/ft. S. R. No. _____

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

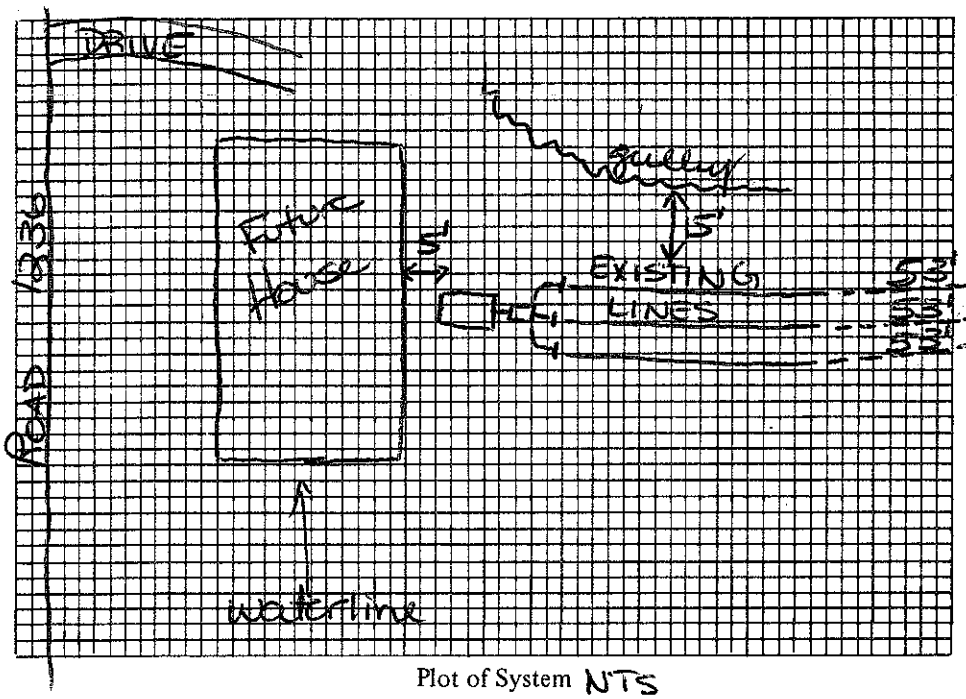
House (✓) Mobile Home ( ) Business ( ) Other Repair Addition.

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~.4 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area 3 Acres +

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NTS

EXISTING

Size of Tank (exists) 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines ✓ 12"

Water Supply: Individual (✓)
~~Public~~ ( )

add: 3' x 53' w/ 12" Stone

Installed by _____

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

Signed: Richard A Gibbs

IMPROVEMENTS PERMIT BY Andy C Brinn

COMMENTS: Add 53' on each lines Repair leaving earth dam and solid to corrugated working pipe. Keep lines shallow and on grade. Call Health Dept. for any questions.

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

2:30

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 William R. Gibbs DATE 3-12-84 PERMIT NO. 50

PHONE: Business _____ Home _____

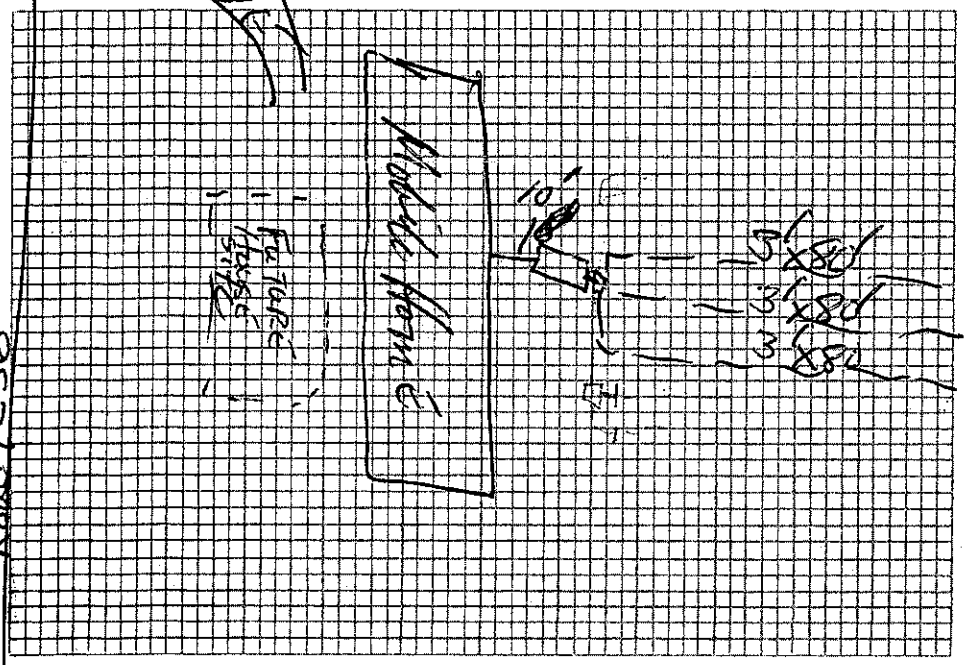
LOCATION 155 TL 1136 pass 1137 Mobile Home beside 4th house on R S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal ff/sq/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Level	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4+	
~~Lot Area~~ 3 Acres+			Rock or other impervious formations	NONE OBSERVED	



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3
No. of Lines
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 3-12-84

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