4655516750

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 Steve Bailey DATE 8/18/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. T.L. Midway Lake Rd. T.L. Nance Farm Rd. 1/2 way on left. S. R. No. _____

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

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

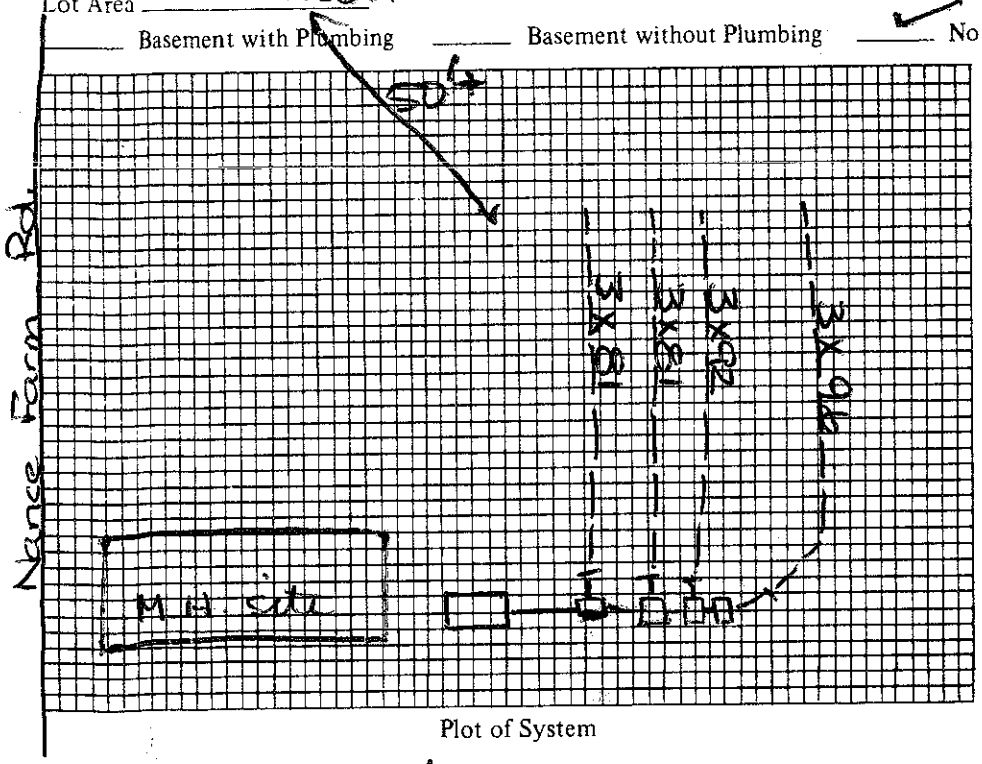
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey (increasing silt)
Percolation Rate ~.35 gpd/ft²
Topography 6%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area Owell

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1050 Linear Ft. 350
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Cedarwood Septic

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

Signed: _____

IMPROVEMENTS PERMIT BY Acl

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C Quinn DATE Aug 18, 88

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

8306

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Steve Bailey DATE July 22, 1988 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. T.L. Midway Lake Rd. TL Nance Farm Rd. 1/2 way on left S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 109 SECTION OR BLOCK NO. _____
IC - A - 109

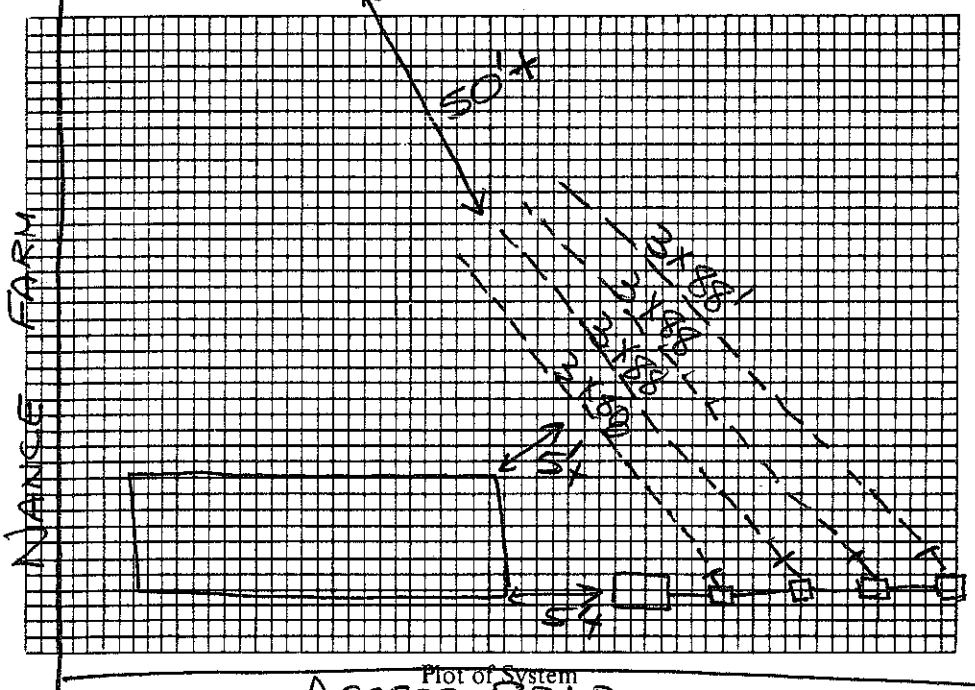
House ( ) Mobile Home (✓) Business ( ) Other Relayout

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 clayey (increasing silt)
Percolation Rate ~.35 gpd/ft²
Topography 6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 20,000 ft² well

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

ACCESS ROAD

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4-5
Sq. Ft. 1050 Linear Ft. 350
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: Steve Bailey

IMPROVEMENTS PERMIT BY Andre C. Price

COMMENTS: Install shallow (12" cover) lines and tank.
All plumbing to be Sch 40 4" PVC pipe.

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

8306

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 Steve Bailey DATE July 21, 1988 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S TL Midway Lake Rd. TL Nance Farm Rd. 1/2 way on L.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. 109 SECTION OR BLOCK NO. IC-A-109

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

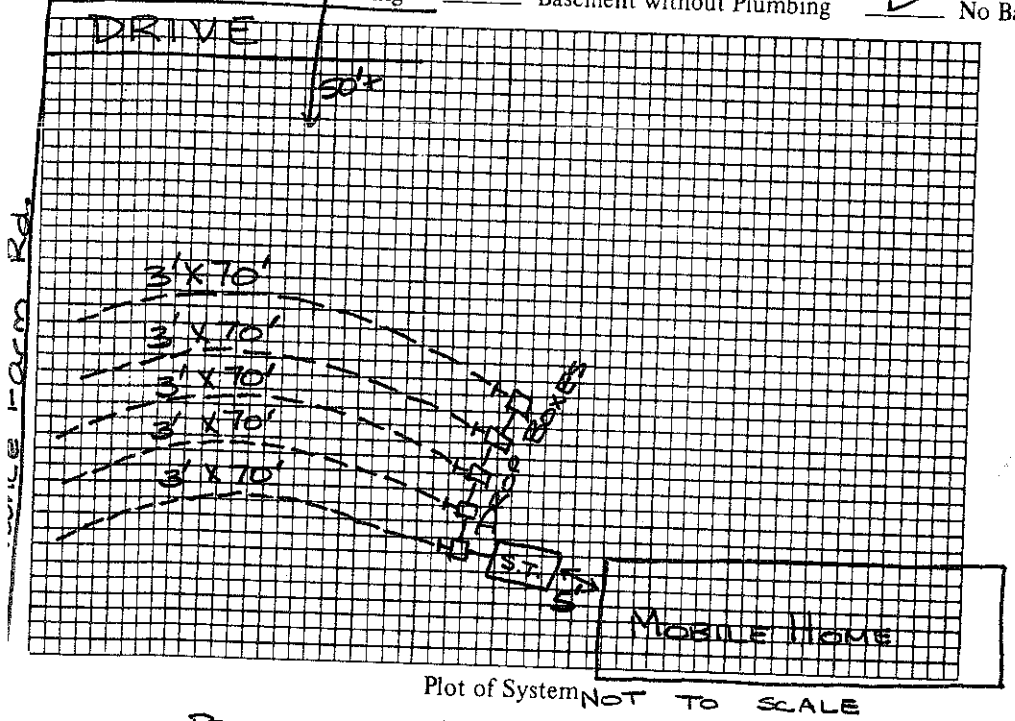
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 ft²

Character & Porosity of Soil clayey (increasing silt)
Percolation Rate n. 35 gpd/ft²
Topography 60%
Depth to Water Table 4'+
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

PROPERTY LINE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1050 Linear Ft. 350
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: Mrs. Steve M. Bailey

IMPROVEMENTS PERMIT BY André C. Ousa

COMMENTS: Install shallow tank and lines. All plumbing around drop boxes must be plumbed w/ Sch. 40 PVC. (4" pipe.)

CERTIFICATE OF COMPLETION BY _____

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