4655690890

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 Shawn Dayton DATE 5/23/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TL Mackwood TR 1186 (Saddle Rd.) 4th house on left S. R. No. _____

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

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

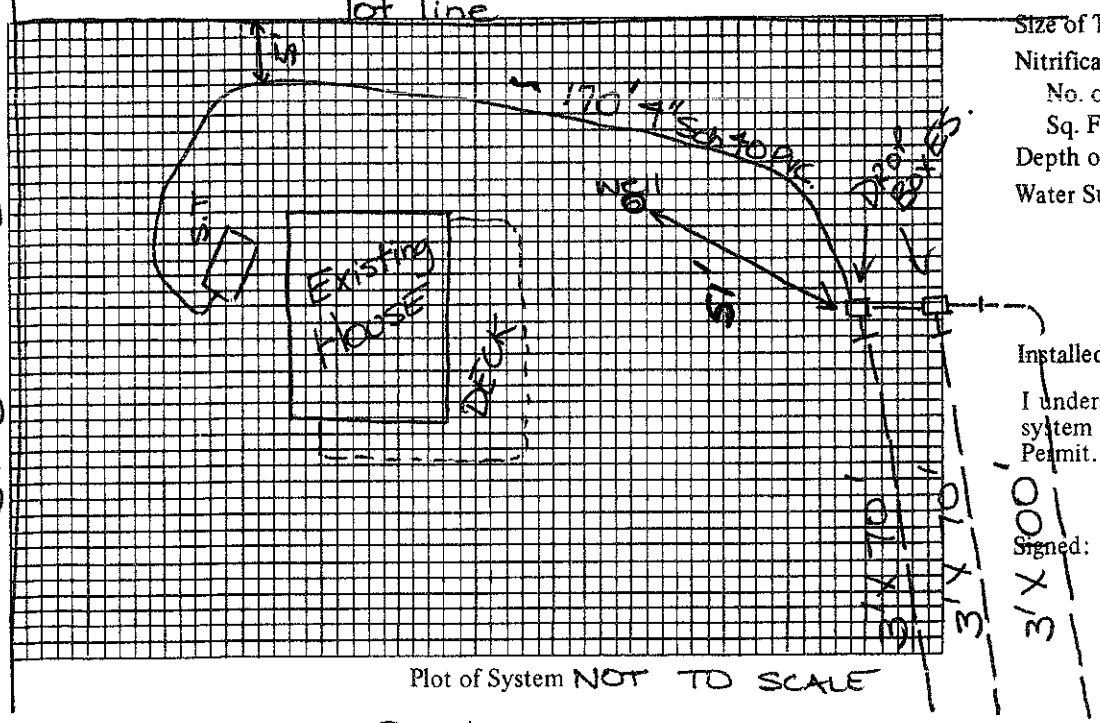
No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil Silty Clay
Percolation Rate .2 - .3
Topography ~ 25%
Depth to Water Table 36"+
Rock or other impervious formations none observed

Lot Area EXISTING

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by [redacted] F.J. ERVIN

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

Signed: _____

IMPROVEMENTS PERMIT BY D.R.H., R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 5/23/88

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

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

OWNER OR CONTRACTOR Sharon Dayton DATE April 28, '88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 115 S. TL Mackwood TR 1186 (Saddle Rd.) 4th house on left S. R. No. ______

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

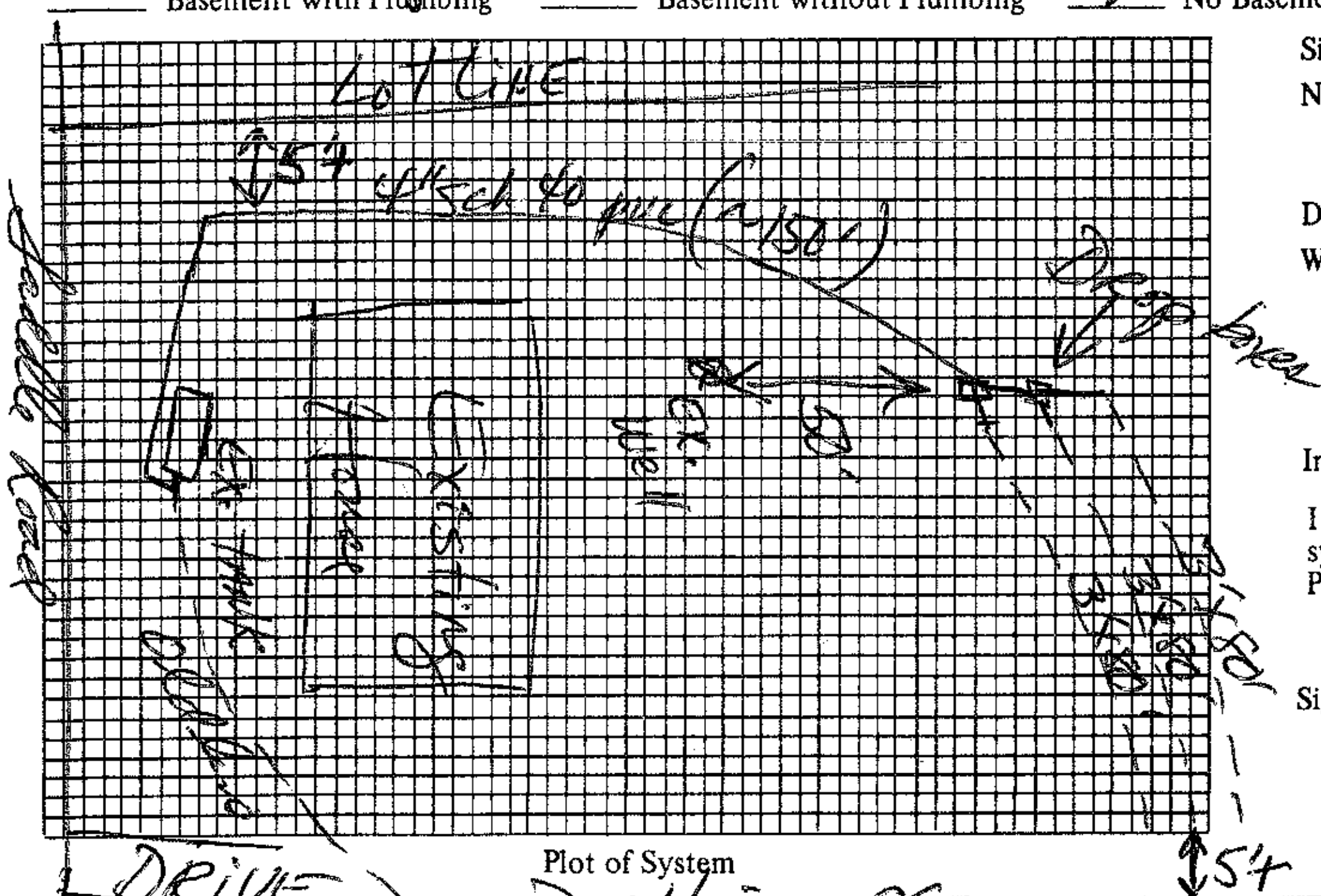
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	silty clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	12-13
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~25%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	36"+
			Rock or other impervious formations	none obs.

Lot Area Existing

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
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: X Sharon Dayton

IMPROVEMENTS PERMIT BY D.L. Henson R.S.

COMMENTS: Disconnect old drainfield. Check existing tank for "Tee". Use 4" sch 40 (~150') to new drainfield. Keep new field shallow (~12" cover). Follow contour. Use drop boxes to distribute effluent. Provide good surface drainage around drainfield area.

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY: Grass over drainfield. 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