4605 52 4171

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 JAMES G. ISENHOUR DATE 11-27-85 PERMIT NO. 512

PHONE: Business _____ Home _____

LOCATION 1155 To 1128 (Mackwood) 7th House on R

_____ S. R. No. _____

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

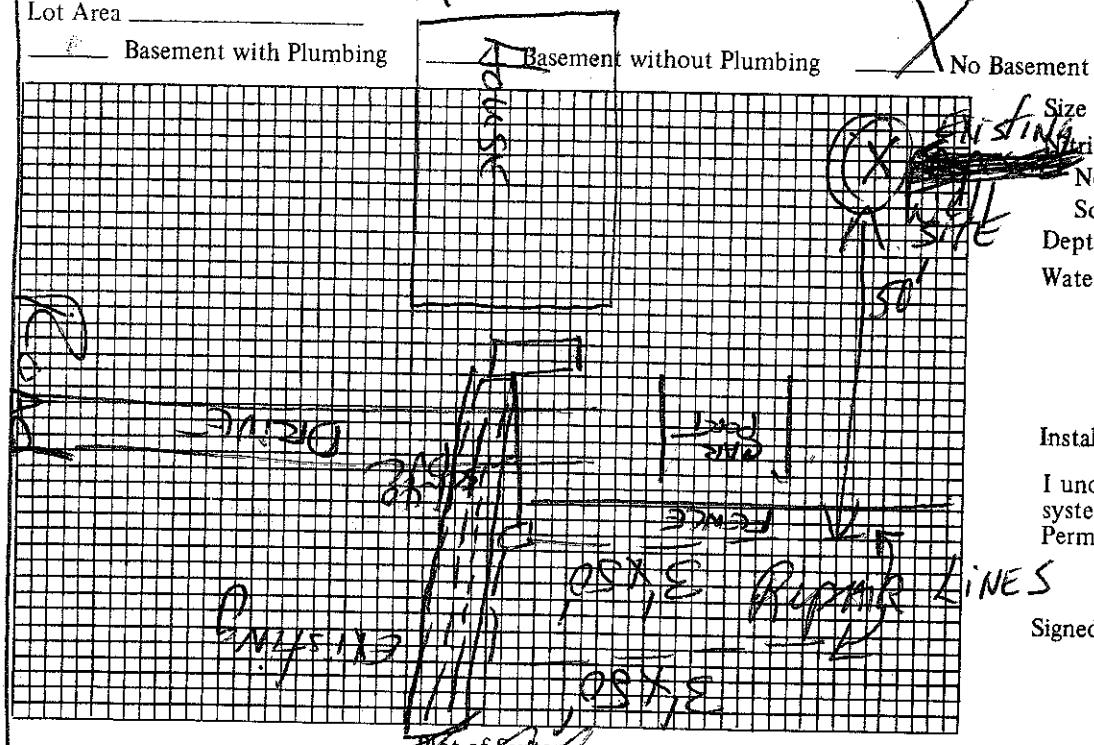
House (X) Mobile Home ( ) Business ( ) Other REPAIR

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No (X)	Percolation Rate	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	EXISTING
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
			Rock or other impervious formations	System

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____X_____ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300 Linear Ft. 700

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 J. Clemmer

COMMENTS: _____

ERTIFICATE OF COMPLETION BY Fred Clemmer DATE 11-27-85

ESTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Pe is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
Imp ments Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

1.00

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 JAMES G. ISENHOUR DATE 11-20-85 PERMIT NO. 380

PHONE: Business _____ Home _____

LOCATION 1125 TL 1128 7th house on R

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other REPAIR 10 YEARS

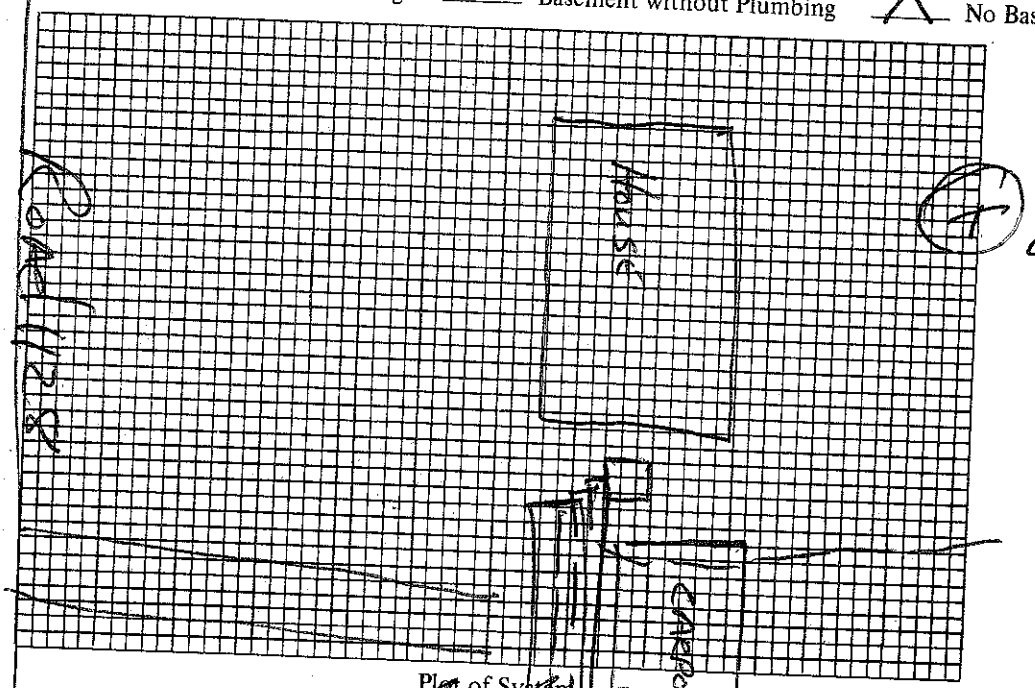
No. Bedrooms 2 No. Bathrooms 1

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

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING
Depth to Water Table _____
Rock or other impervious formations SYSTEM

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 24"
Water Supply: Individual (X) Well
Public ( )

Installed by _____

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

Signed: X _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Pump Tank if Needed, Replace 4" if Necessary Cross Drive with SCH 40

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