IREDELL COUNTY HEALTH DEPARTMENT 4456cc11504

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

OWNER OR CONTRACTOR Frank Collatz DATE 9-10-85 PERMIT NO. 397

PHONE: Business _____ Home _____

LOCATION 1155 TL 1128 (Mackwood) ½ mile on R

_____ S. R. No. _____

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

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

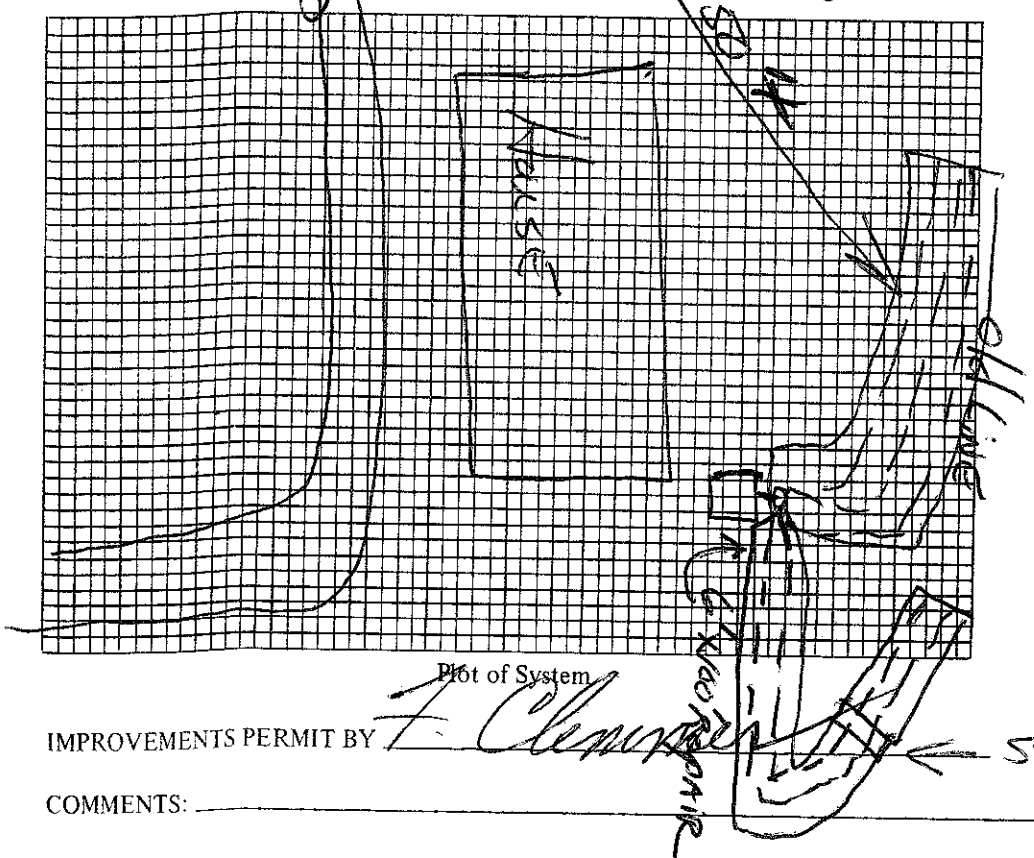
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area EXISTING

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table EXISTING
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. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by T. J. Erwin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY T. Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Ted Clemmer DATE 9-10-85

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

1:20

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 Frank Collatz DATE 8-30-85 PERMIT NO. 386

PHONE: Business _____ Home _____

LOCATION 1155 TR 1128 (Mackwood) ½ mile ONR

_____ S. R. No. _____

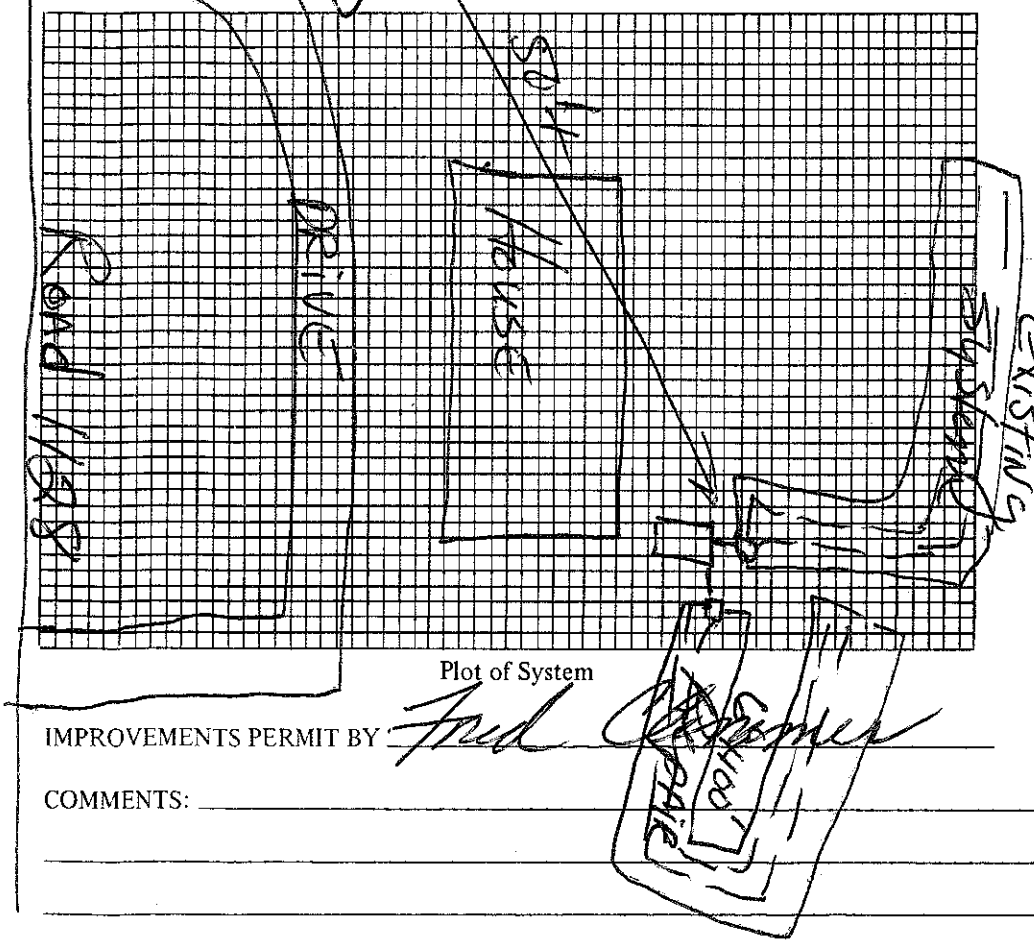
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

_____ 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. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: X Frank Collatz

IMPROVEMENTS PERMIT BY: Fred Carpenter

COMMENTS: _____

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