IREDELL COUNTY HEALTH DEPARTMENT 4658037572

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

OWNER OR CONTRACTOR Henry L. Adams DATE 5-28-86 PERMIT NO. 299

PHONE: Business _____ Home _____

LOCATION 21S Rt 10 Cornelius ¾ mile & left on dirt street, MH is ¼ mile at end on Rt _____ S. R. No. _____

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

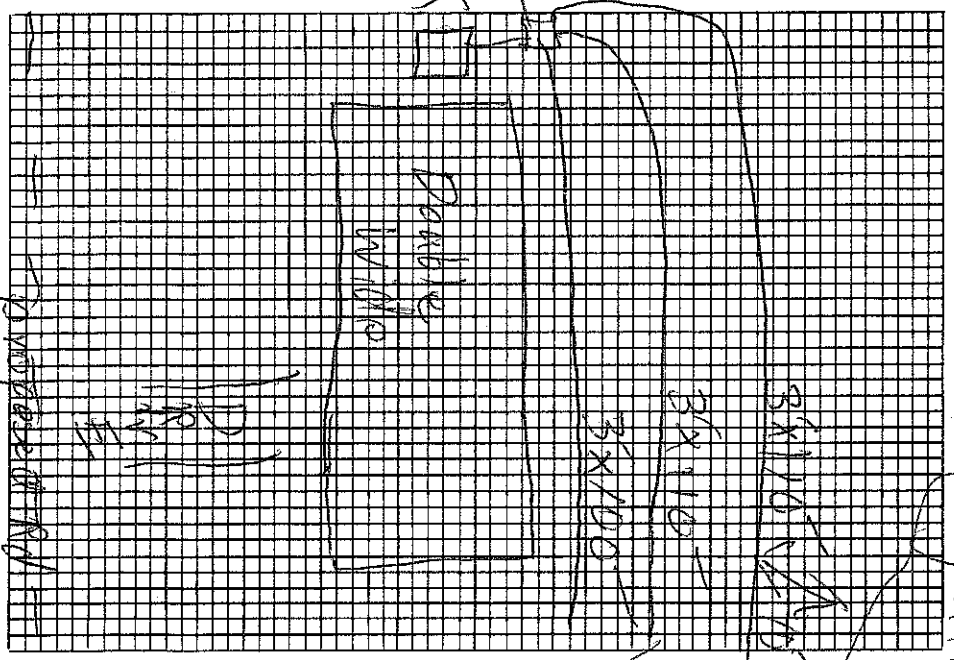
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2½
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil clay loam
Percolation Rate .53 gal/ft²/day 2-6 to 417
Topography _____
Depth to Water Table _____
Rock or other impervious formations none noted

Lot Area _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Roman Septic

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

Signed: _____

IMPROVEMENTS PERMIT BY K. S.

COMMENTS: well not drawn yet need to be 50' from tank & lines

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 5-28-86

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 Henry L. Adams DATE 11/18/85 PERMIT NO. 379

PHONE Business _____ Home 528-6879

LOCATION 21 S, Rt on Cornelius, 3/4 Mile, Lf on Dirt Street, MH is 1/4 mile on Rt S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other Doublewide + Bedroom/Bath Addition

No. Bedrooms 4 No. Bathrooms Proof 2½ Lines Character & Porosity of Soil clay loam/clay

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 5 mpi/ft2

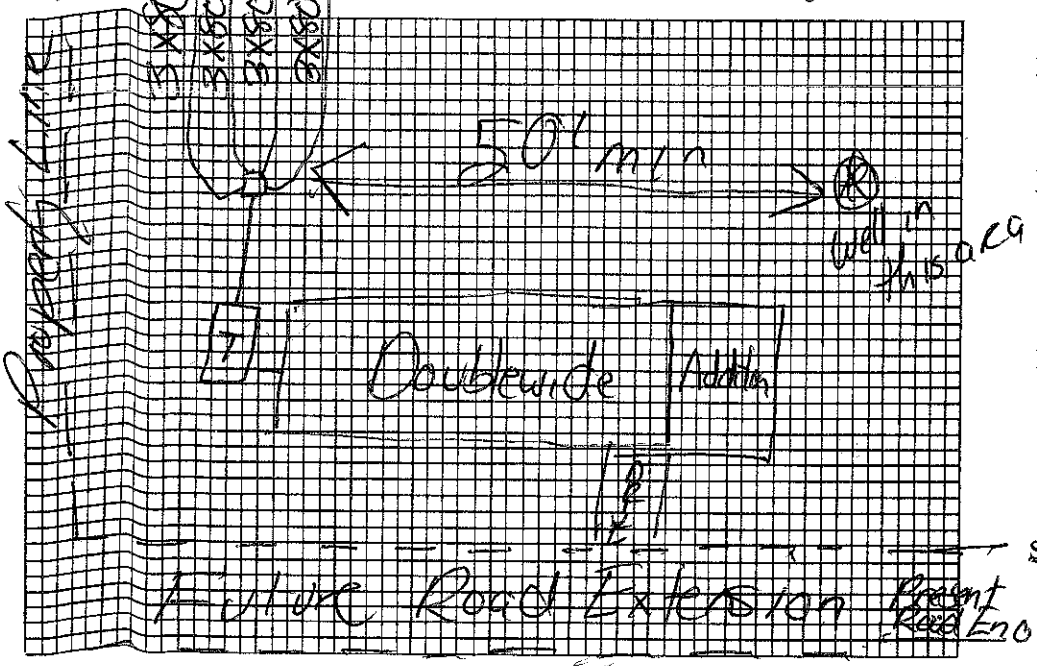
Auto. Dishwasher Yes ( ) No (✓) Topography 2-6%

Auto. Wash Machine Yes (✓) No ( ) Depth to Water Table 4' +

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None Noted

Lot Area 20,000 ft2

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 960 Linear Ft. 320
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: Henry L Adams

IMPROVEMENTS PERMIT BY Keith N. Heath RS

COMMENTS: Maximize length of lines to rear line. Keep 10' from all property lines. Installer: Contact H.D. before setting tank if questions or problems arise.

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

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 Henry L. Adams DATE 5/13/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215, R to Cornelius 3/4 mile & LF on Dirt Street, MH is 1/4 mile at end on rt' S. R. No. _____

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

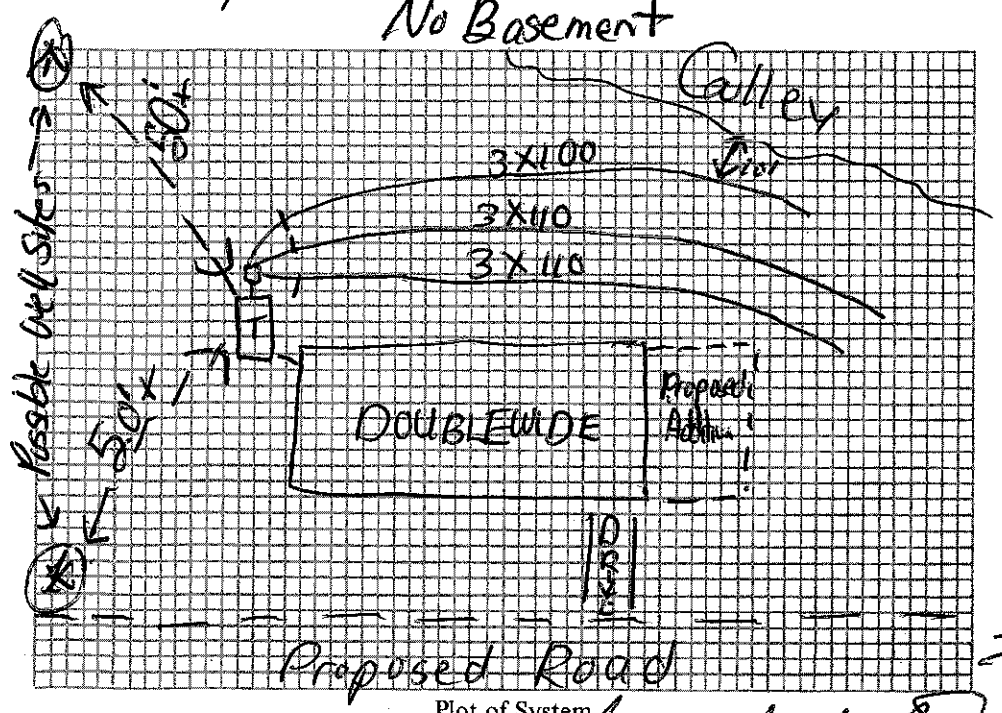
House ( ) Mobile Home (✓) Business ( ) Other Revision of permit dated 11/18/85

No. Bedrooms 4 No. Bathrooms 2½

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

Character & Porosity of Soil cly loam/cly
Percolation Rate 0.5 gpd/ft²
Topography 2-6%
Depth to Water Table 4'+
Rock or other impervious formations None Noted

Lot Area 20,000 ft²



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"
Water Supply: Individual (✓) To be drilled
Public ( )

Installed by _____

* Henry L Adams

IMPROVEMENTS PERMIT BY _____

COMMENTS: System is sized for a 3 Br doublewide plus a one bedroom, one bath addition. Keep well 50' from septic System

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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