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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 Lois H Owens DATE 6-7-76 PERMIT NO. 187

PHONE: Business _____ Home 663-2483

LOCATION 21 N 2 mi East 150 on Left

S. R. No. _____

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

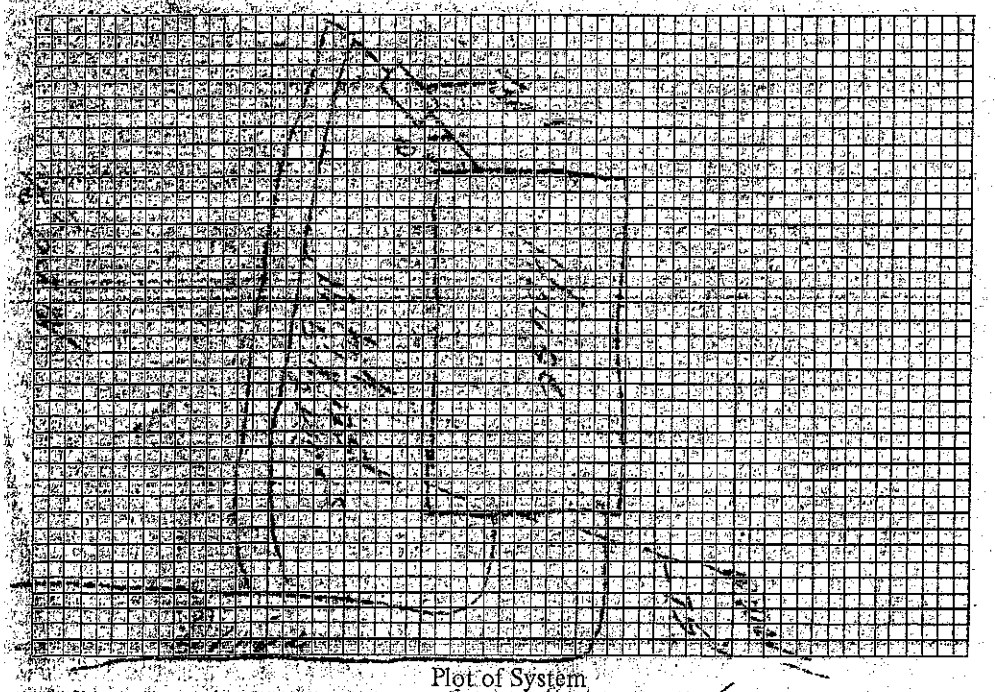
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 acre

Character & Porosity of Soil Clay loam Fair
Percolation Rate 60 Fast
Topography Rolling Slope
Depth to Water Table 10 ft
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY John Hamilton

COMMENTS: Area to be Earthwork in front of house cut in @ natural soil 10" to 12" to level off area to road.

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

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 _____ DATE 6-7-76 PERMIT NO. 187

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

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

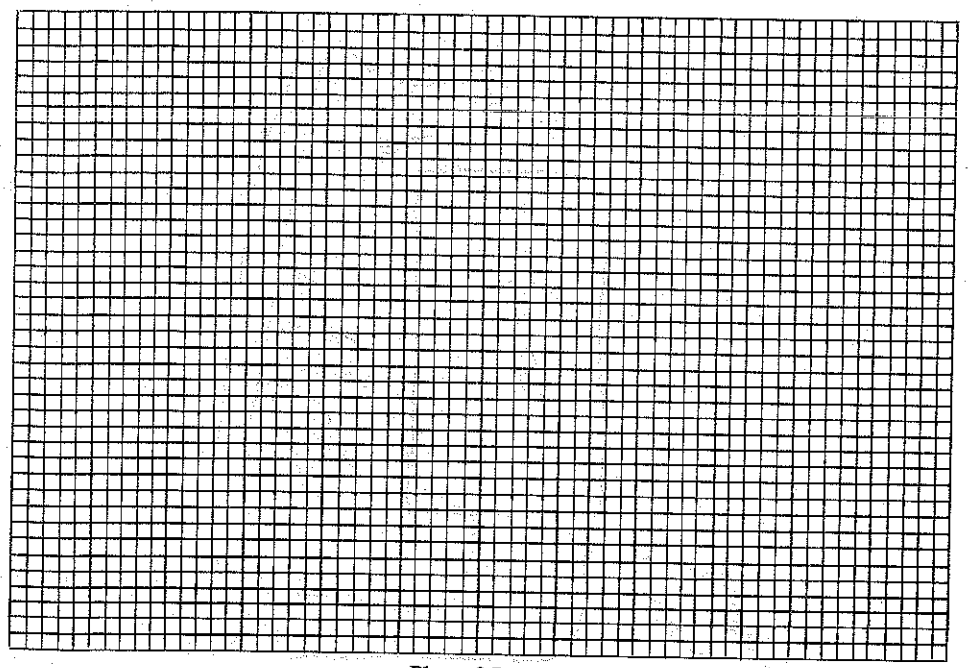
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

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



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

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

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: Donah Edwards DATE: 10-22-76 PERMIT NO.

PHONE: Business Home 663-3485

LOCATION: U.S. 21 North 2m. past NC 150 on left

S. R. No.

SUBDIVISION NAME: LOT NO. SECTION OR BLOCK NO.

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil (Porosity good) Sandy Parent materials

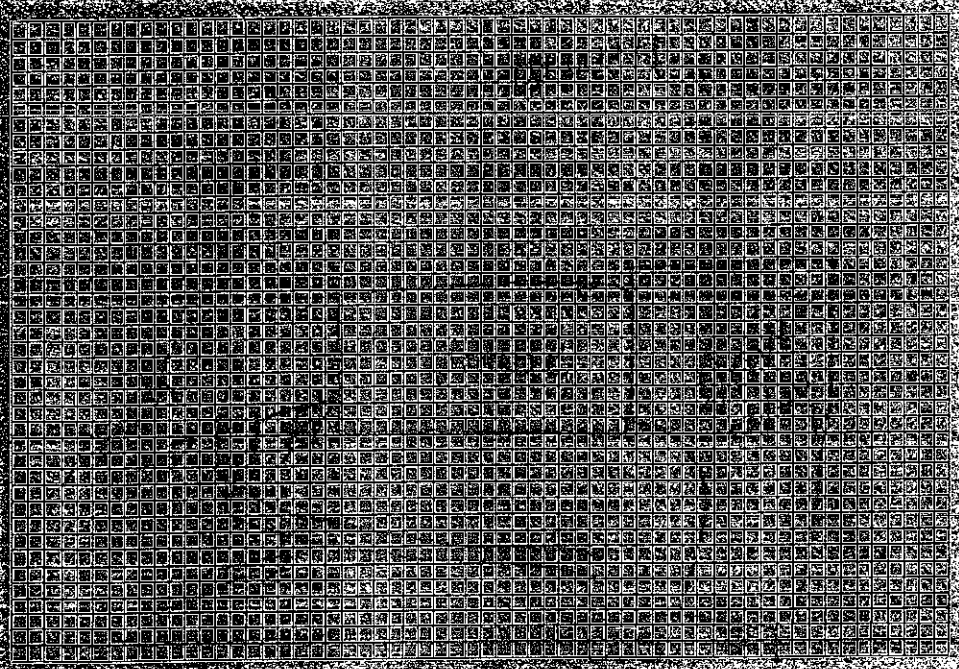
Garbage Disposal Unit — Yes (-) No (X) Percolation Rate Soil bounds 3 to 3½" slope

Auto. Dishwasher — Yes (-) No (-) Topography

Auto. Wash Machine — Yes (X) No (-) Depth to Water Table 10'+

Site Suitable — Yes (X) No (-) Rock or other impervious formations Stone in bottom of ditch

Lot Area Adequate



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 455 Lineal Ft. 222

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public (-)

Installed by Bill Bowman

Plot of System Shown

IMPROVEMENTS PERMIT BY John Houston

COMMENTS:

CERTIFICATE OF COMPLETION BY DATE 10-23-76

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