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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 Shorty Brown DATE 6-29-84 PERMIT NO. 206

PHONE: Business ________ Home ________

LOCATION Hwy 21 North TL 1302 2nd house on R

________ S. R. No. ________

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

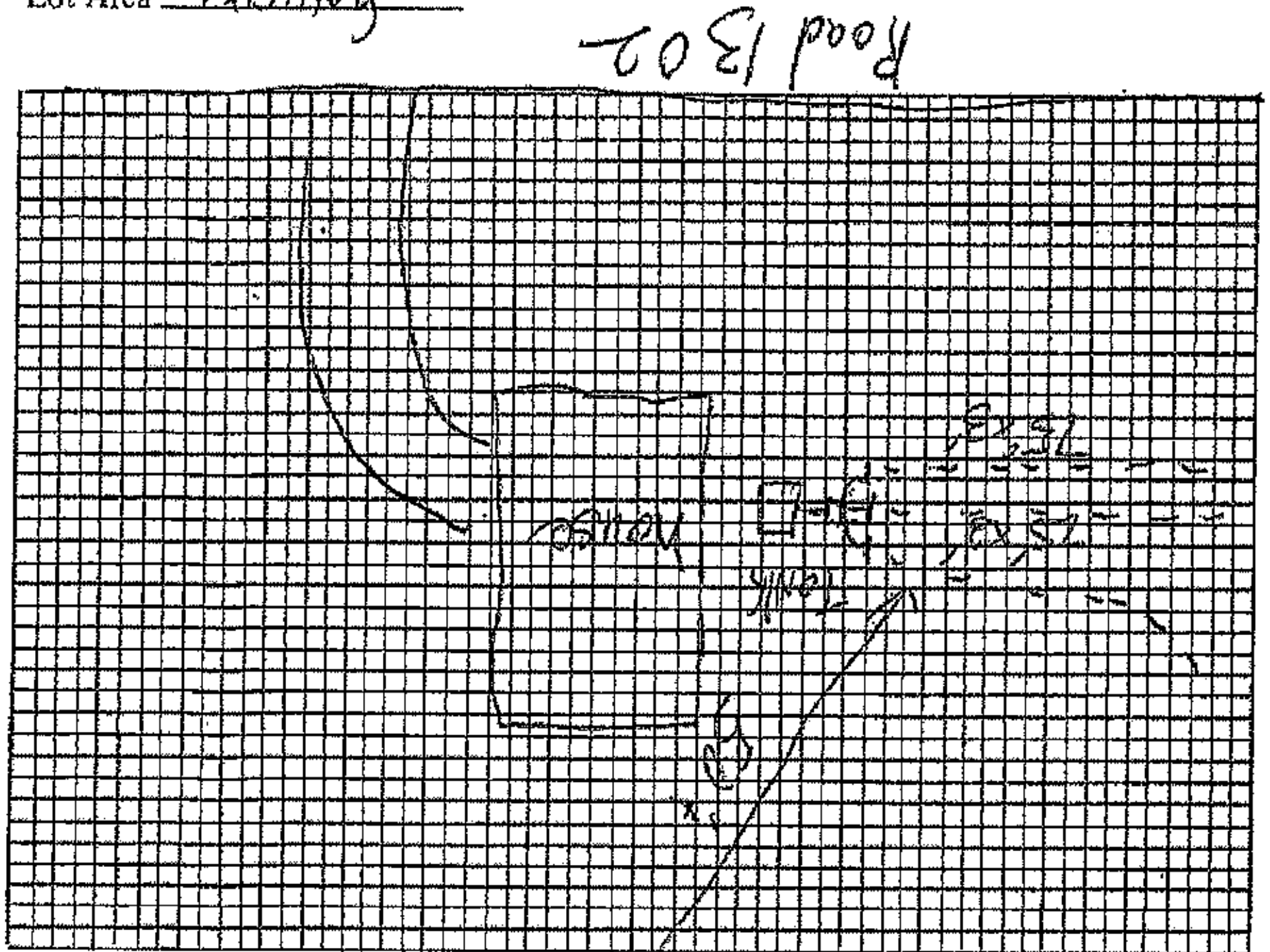
House (X) Mobile Home ( ) Business ( ) Other repair

No. Bedrooms 2 No. Bathrooms 1

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

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

Lot Area Existing



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by Orbison

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

Signed: ________

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: ________

CERTIFICATE OF COMPLETION BY Charles K. Barnett [signature] DATE 6-29-84

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

Final after 2:00

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 Shorty Brown DATE 6-22-84 PERMIT NO. 169

PHONE: Business / Home

LOCATION Hwy 21 North Rt 1302 2nd house on R

S. R. No.

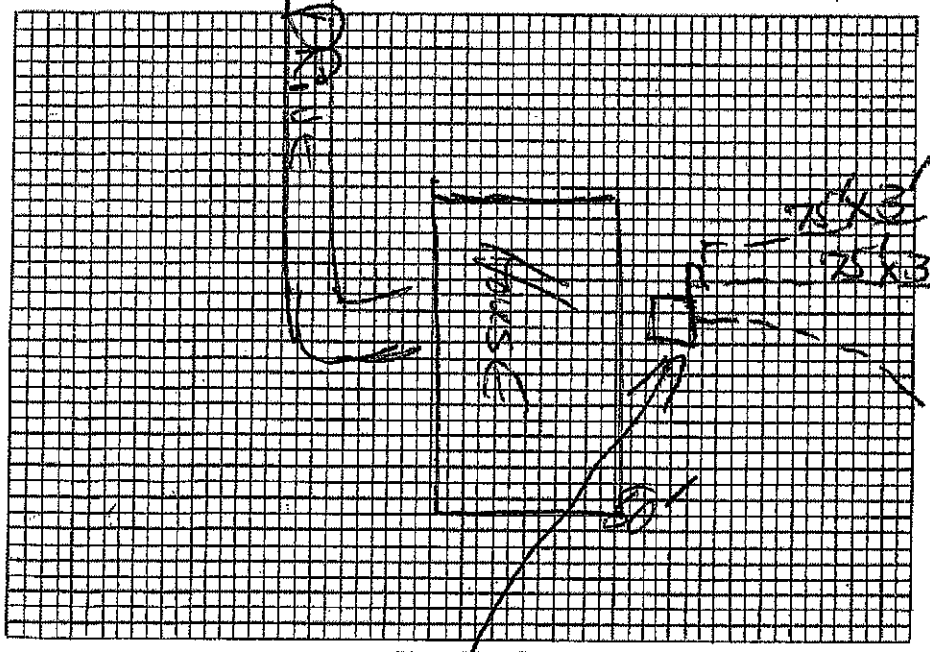
SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No X	
Auto. Dishwasher	Yes X	No ( )	
~~Auto. Wash. Machine~~	~~Yes ( )~~	~~No ( )~~	
Site Suitable	Yes X	No	
Lot Area Existing			

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



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150'
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 Shorty Brown

IMPROVEMENTS PERMIT BY Jack Clemmer

COMMENTS: Check tank for T, pipe off gutter drain

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