4658708385

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 Betty + Floyd Daniels DATE 1-16-87 PERMIT NO. 39

PHONE: Business _____ Home _____

LOCATION 115N TL on Rhinehardt Rd go around Sharpcure ~¼ mile on left S. R. No. _____

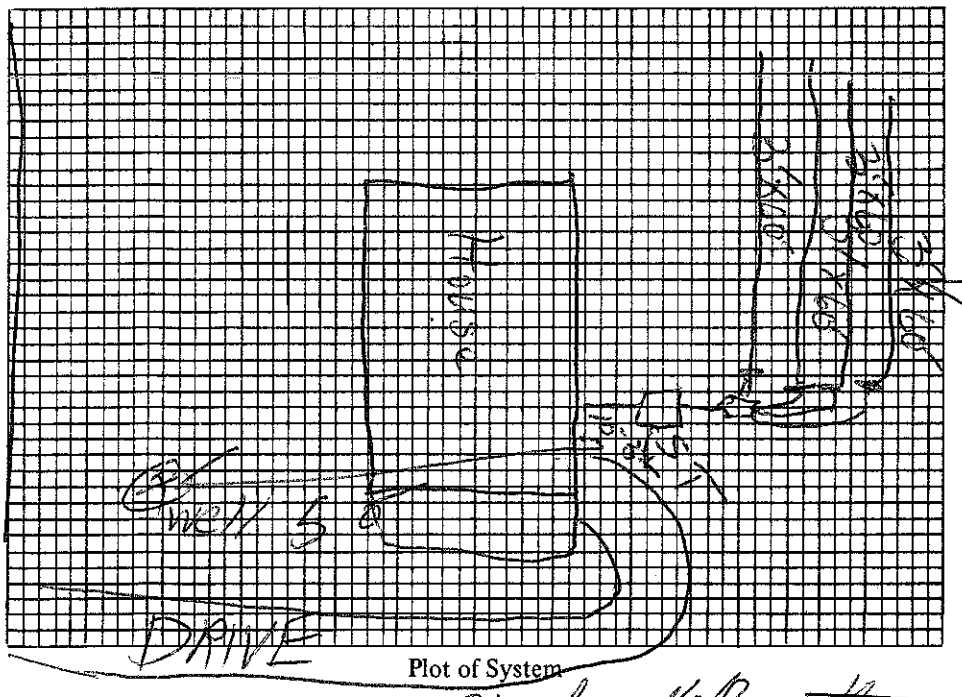
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20,000ft2

Character & Porosity of Soil clay
Percolation Rate 49 81/ft2/day
Topography 2-8%
Depth to Water Table +1
Rock or other impervious formations None obs

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Owner

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

Signed: _____

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 1-16-87

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

H.D.

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 Floyd & Betty Daniels DATE 4-4-86 PERMIT NO. 140

PHONE: Business _____ Home _____

LOCATION 115 N TL Rhinehardt Rd go around sharp curve ~¼ mile on left S. R. No. _____

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

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

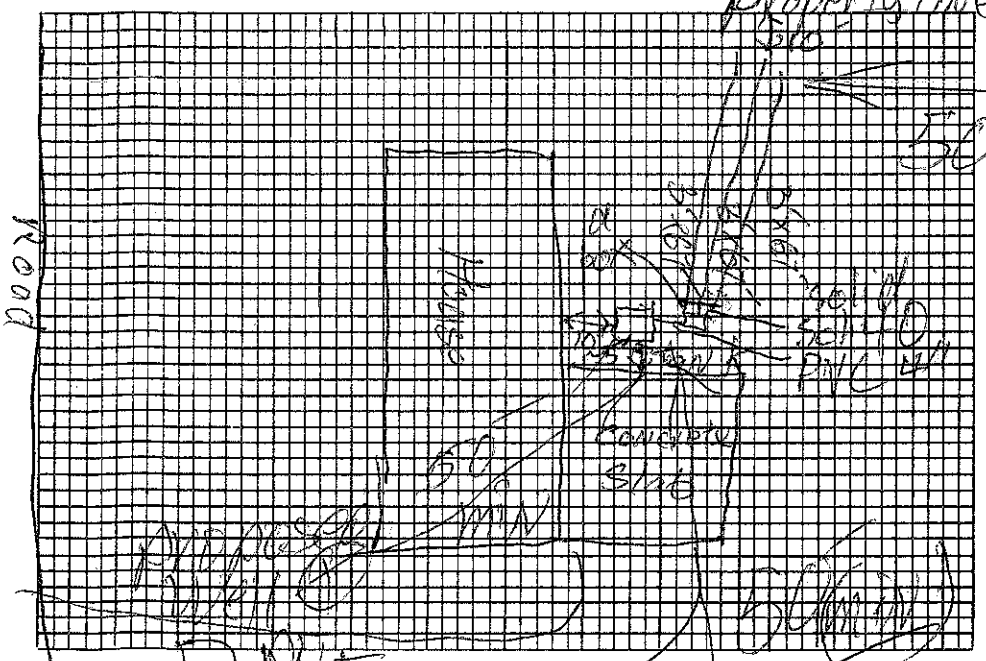
No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil clay
Percolation Rate 0.4 gal/ft²/day 2-8 4-1
Topography _____
Depth to Water Table _____
Rock or other impervious formations None obs.

Lot Area 20,000 ft²

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

ok

Installed by _____

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

Signed: Mike Lazer

IMPROVEMENTS PERMIT BY Charles A. Barnett

COMMENTS: Keep system shallow and follow contour ditches no deeper than 3.5 to 4'

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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