4658981166

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 Randy Overcash DATE May 11, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-21N TR 2383 (Shinnville Rd.) 4th house on left. S. R. No. _____

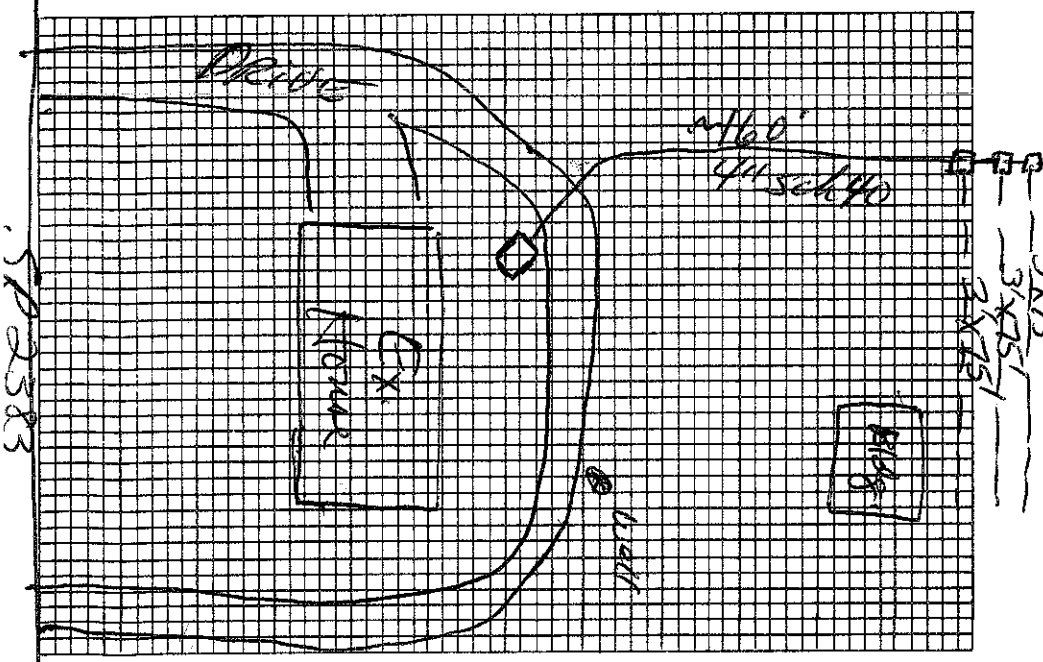
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 1½			Character & Porosity of Soil	clay
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	.3-.4
Auto. Dishwasher	Yes ( )	No (✓)		Topography	2-4%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	4'+
Site ~~Suitable~~ PS	Yes ( )	No ( )		Rock or other impervious formations	none obs.

Lot Area 2 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Mike Leazer

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Bull Run valve deleted as requested by owner.

CERTIFICATE OF COMPLETION BY _____ DATE 5-11-88

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 Randy Overcash DATE May 5, '88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 115-21 N. TR 2383 (Shinnville Rd) 4th house on left S. R. No. ______

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

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

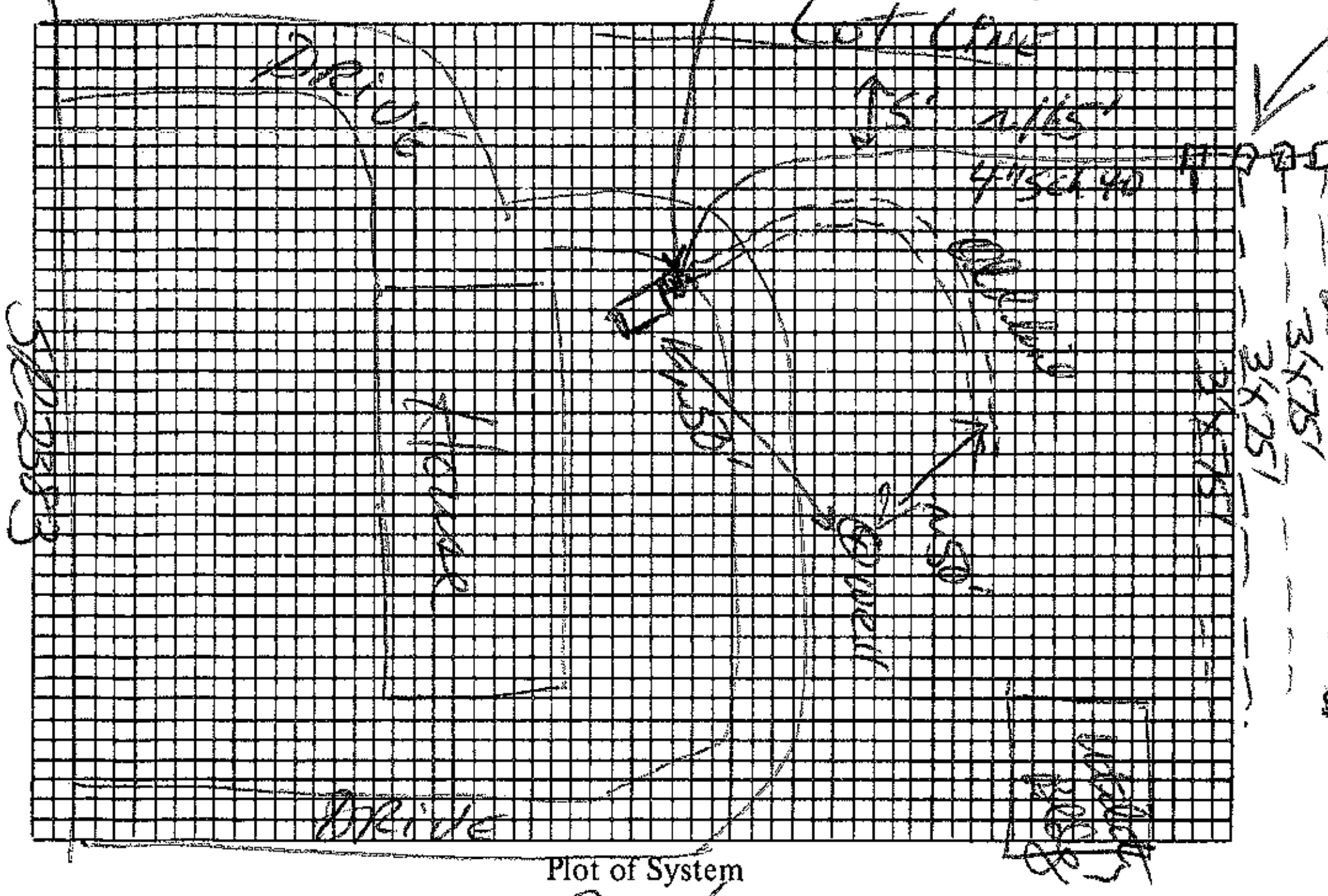
No. Bedrooms 3 No. Bathrooms 1½
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
~~Site Suitable~~ PS Yes ( ) No ( )
Lot Area ~1 AC

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

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement

Bull Run Valve

Drop Boxes or Flow Dividers



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
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: X Randy Overcash

IMPROVEMENTS PERMIT BY D.M. Hansor, RS.

COMMENTS: Set Bull Run Valve between ex tank and drainfield. Divert flow to new field. Use drop boxes or flow dividers to distribute effluent. Run drainfield on contour with 12-18" cover over stone. Check tank for "tee".

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