4664398070

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 DAVID ALEXANDER DATE 8/12/88 PERMIT NO. _____

PHONE: Business _____ Home 892-1524

LOCATION 115 S. TL PRESBYTERIAN RD. CROSS Creek On Left past. S. R. No. _____

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

TAX NO. 1-C-A-12

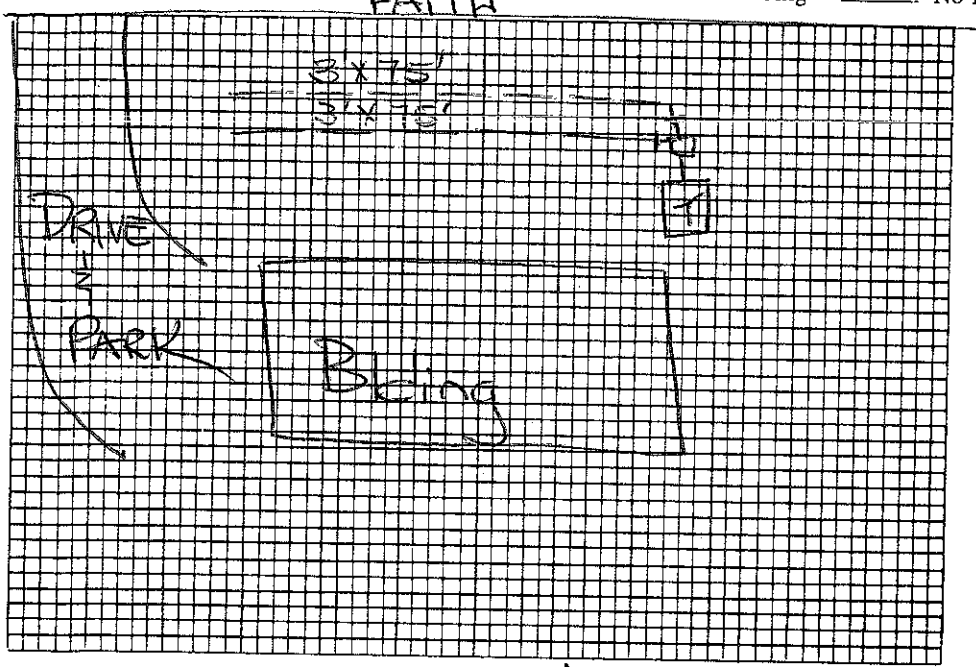
House ( ) Mobile Home ( ) Business (✓) Other total 5 employees

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4
Auto. Wash. Machine	Yes ( )	No (✓)	Topography	2%
Site Suitable P.S.	Yes (✓)	No ( )	Depth to Water Table	4+
			Rock or other impervious formations	none observed

Lot Area ~ 20 ACRES

_____ Basement with Plumbing FAITH Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 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 E.J. ERVIN

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles C. Pierce DATE 8/12/88

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

8090

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 David ALEXANDER DATE 3/17/88 PERMIT NO. _____

PHONE: Business _____ Home 892-1524

LOCATION 115 S TL Presbyterian Rd. Cross Creek On left. past _____ S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other PRESENT = 2 employees / 5 employ. future.

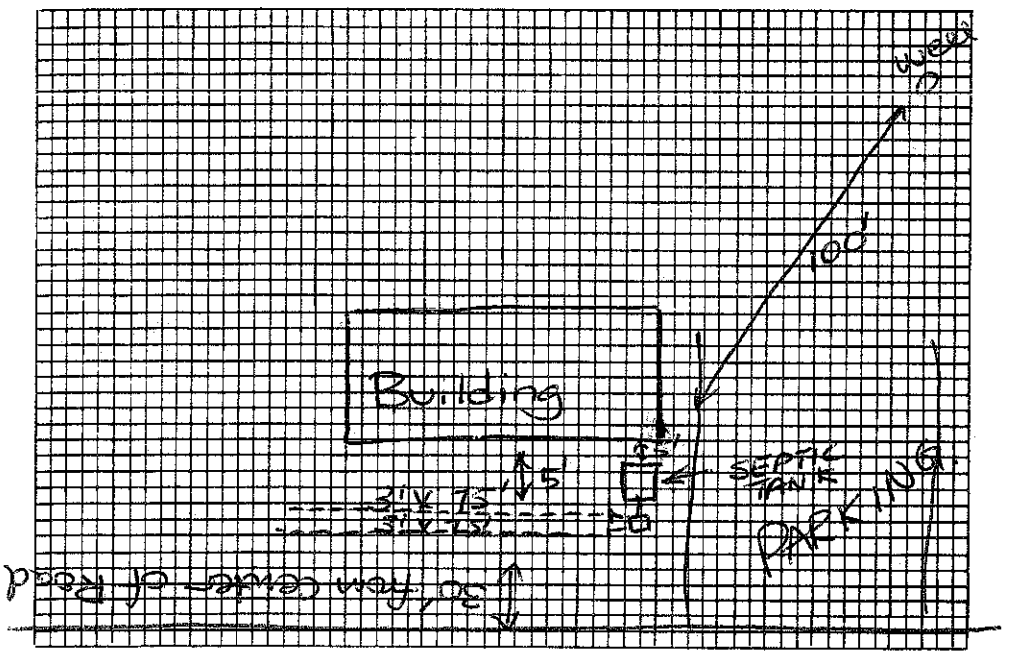
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4
Auto. Wash. Machine	Yes ( )	No (✓)	Topography	2%
Site Suitable P.S.	Yes (✓)	No ( )	Depth to Water Table	4+
			Rock or other impervious formations	none observed

Lot Area ~20 acres.

Building on SLAB

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
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: David Alexander

IMPROVEMENTS PERMIT BY Andrew C Pierce

COMMENTS: Set tank shallow and run lines as shown. May grade small amount of soil from front.

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

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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 David Alexander

PHONE: Business ______ Home 892-1524 DATE 2/10/88 PERMIT NO. ______

LOCATION 1155 TL Presbyterian Rd. Cross Creek. On left. past 1st MH (on left)

SUBDIVISION NAME ______ S. R. No. ______

LOT NO. ______ SECTION OR BLOCK NO. ______

House ( ) Mobile Home ( ) Business (✓) Other ✓ PRESENT → 2 employees / 5 employees → future.

No. Bedrooms ______ No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable P.S Yes (✓) No ( )

Lot Area ACREAGE (~1 1/2 ACRE)

Character & Porosity of Soil clayey

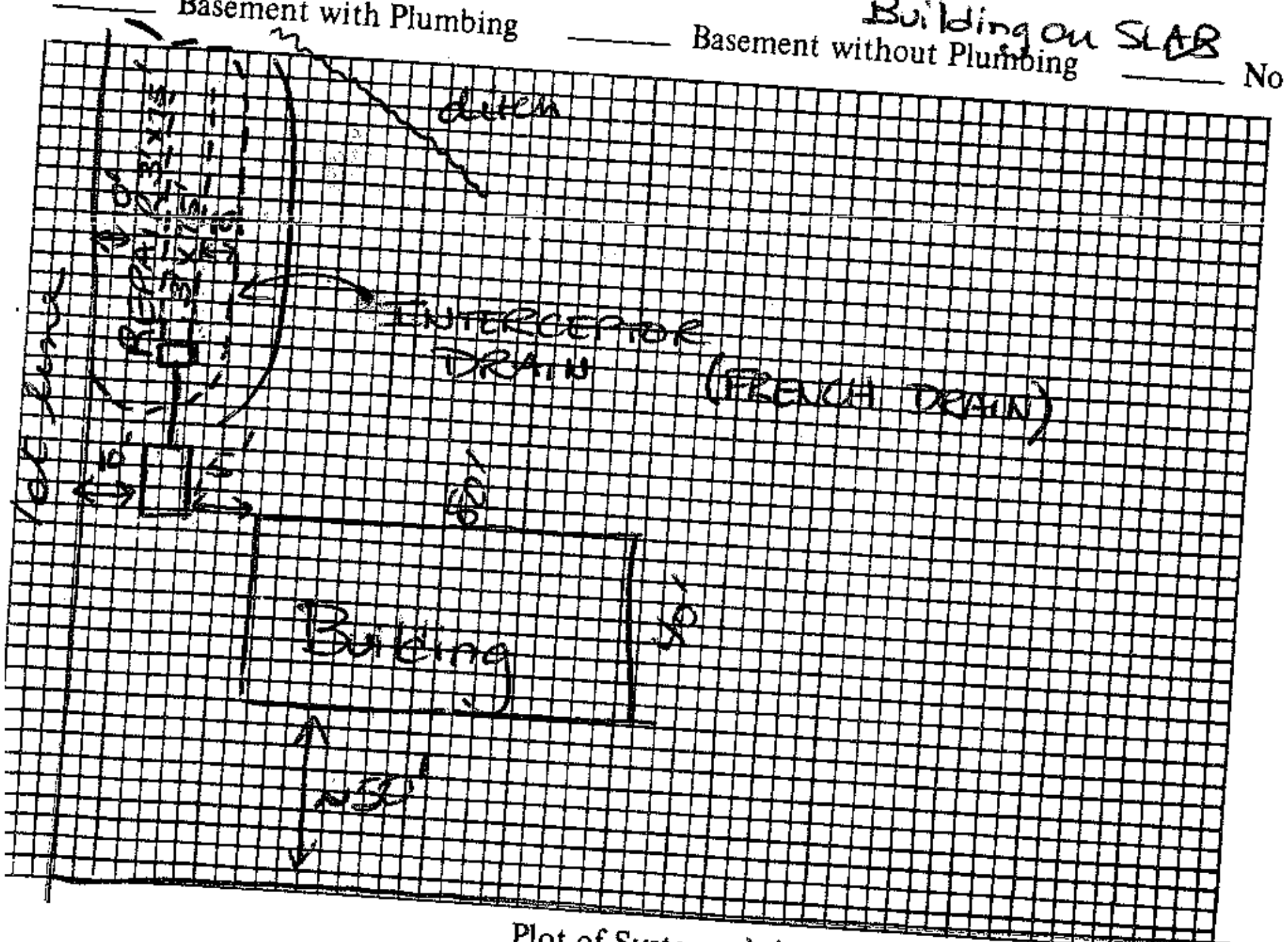
Percolation Rate ~.3 gpd/ft²

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none observed

___ Basement with Plumbing ___ Basement without Plumbing Building on SLAB ___ No Basement



Plot of System N.T.S.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Neighbor's house. Public ( )

Installed by ______

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

Signed: David Alexander

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: Set tank off building ≥5'. Solid pipe to box. Run WORKING LINE (ON) CONTOUR AND SHALLOW. FRENCH DRAIN ~10' ABOVE and 6-12" below depth of ditches.

CERTIFICATE OF COMPLETION BY ______

EXISTING SYSTEM CHECKED BY: ______ DATE ______

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

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