IREDELL COUNTY HEALTH DEPARTMENT 4665351161

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR G. C. Martin Jr. DATE 1-13-81 PERMIT NO. 11

PHONE: Business _____ Home _____

LOCATION 1125 S. SR 1244 2nd brick house on left

S. R. No. _____

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

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

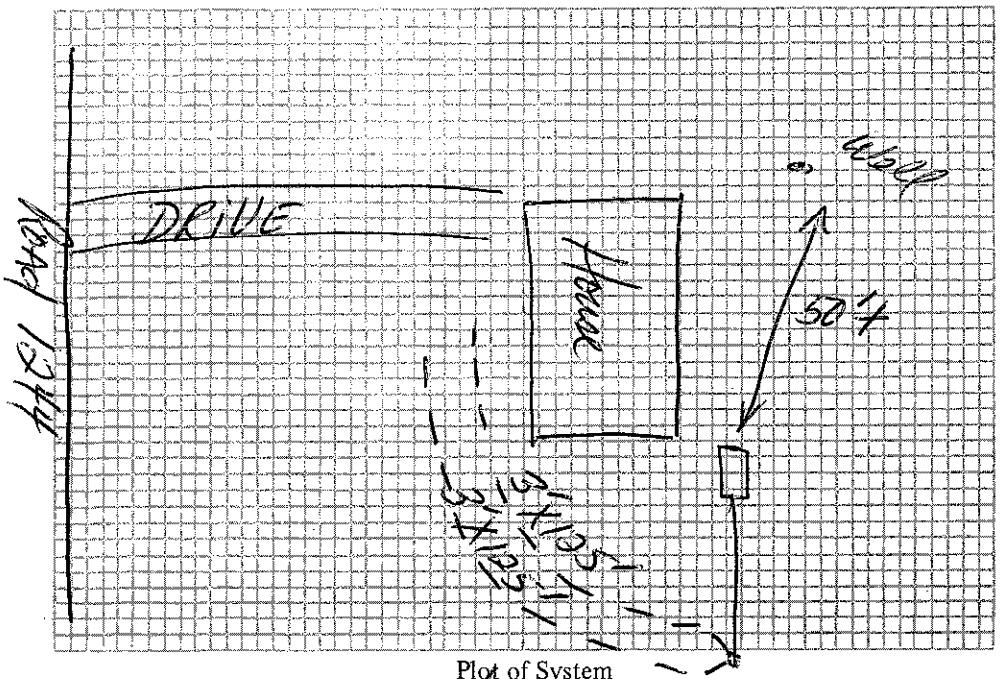
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay loam
Percolation Rate 2 Mpi 4-6 20
Topography
Depth to Water Table 4 ft.
Rock or other impervious formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 10"+

Water Supply: Individual (✓)
Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY: JAC

COMMENTS: Old line abandoned

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 1-13-81

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 C. A. Martin, JR. DATE 12-19-50 PERMIT NO. 321

PHONE: Business _____ Home _____

LOCATION 11255 TR 1244 2nd brick house on left

_____ S. R. No. _____

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

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

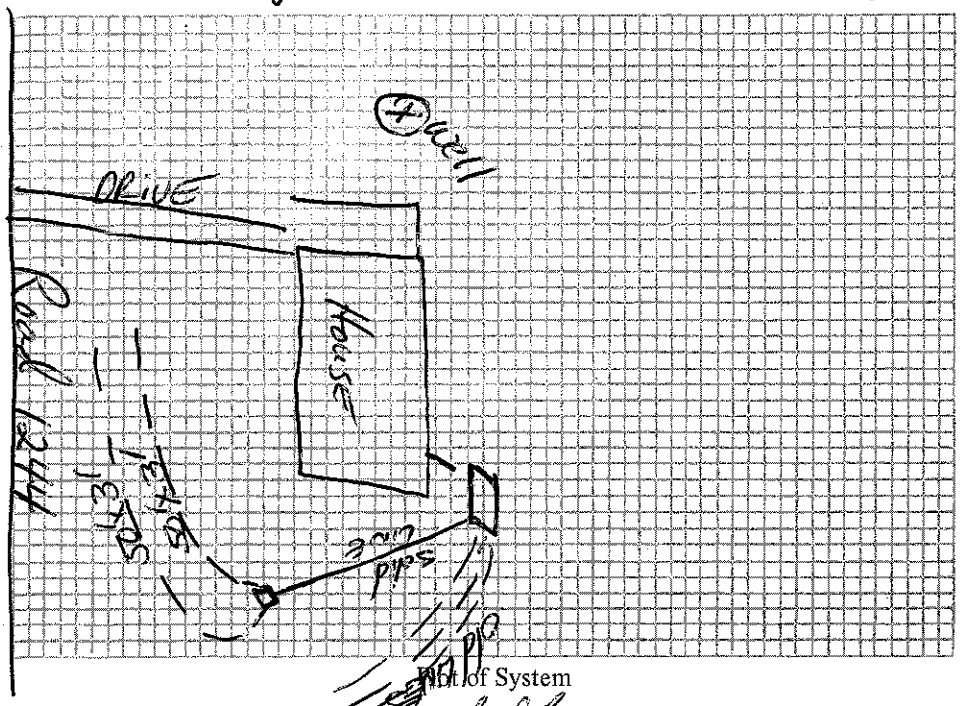
No. Bedrooms 3 No. Bathrooms 2

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 Clay loam
Percolation Rate 30 Min
Topography 2-8%
Depth to Water Table unknown
Rock or other impervious formations None observed

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: X g. a. Martin Jr.

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Follow contours. pipe off roof drains away from area of nitrification lines, replace cracked tank Vid

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