4665 35 9480

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 Bobby Newton DATE 10/13/88 PERMIT NO. 21D

PHONE: Business _____ Home _____

LOCATION Shearers Rd. S. On left before jct. w/ Rocky River Rd. S. R. No. _____

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

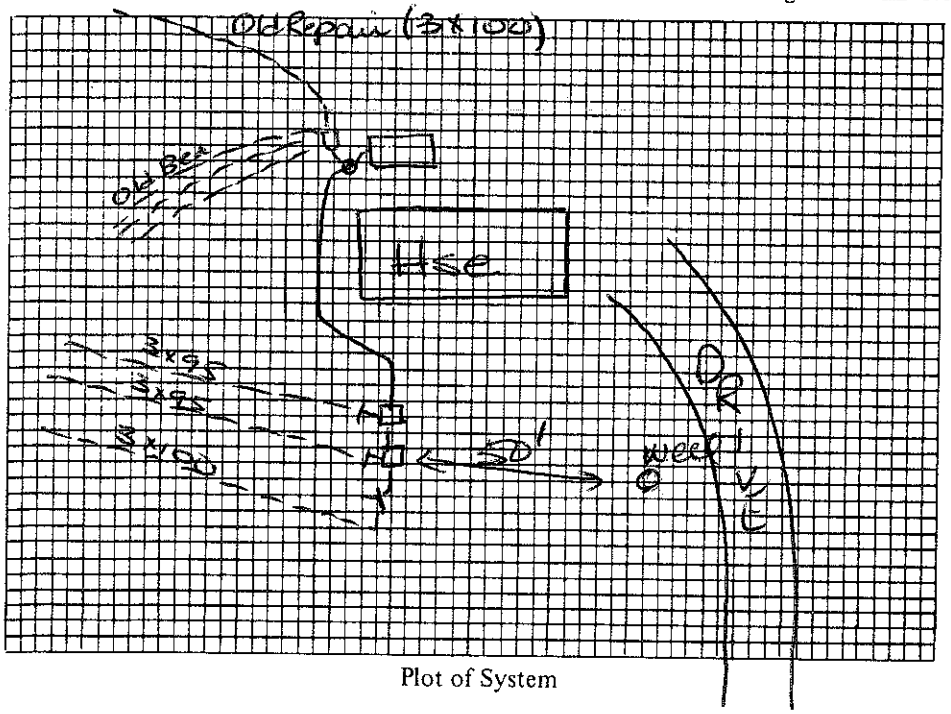
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.35
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	890
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	914
			Rock or other impervious formations	none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 870 Linear Ft. 290
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by Julian Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: NOTE: This is more line than specified.

CERTIFICATE OF COMPLETION BY Andre C. Pena DATE 10/13/88

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

11-15-30

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 Bobby R. Newton DATE 9/13/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Shearers Rd. S. on left before jct. w/ Rocky River Rd

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

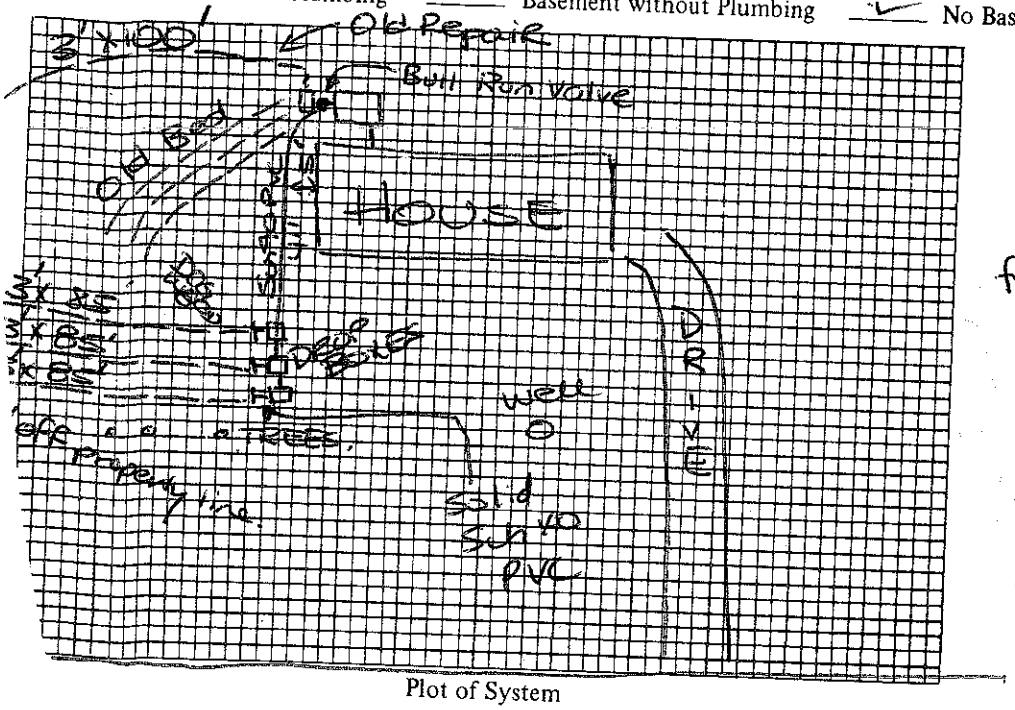
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clayey
Percolation Rate .35 gpd/ft
Topography Bdo
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. ~~765~~ 675 Linear Ft. 255
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )
from: Completion of 9-6-77 J.C. Moore

Installed by _____

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

Signed: Mrs. Bobby R. Newton

IMPROVEMENTS PERMIT BY Andrew C. Pierce

REMENTS: Install a bull run valve before distribution box and run solid pipe to new field. Distribute effluent through drop boxes. Keep lines NO deeper than 30" to keep same amount of cover at beginning and end of lines.

COMPLETION BY _____ DATE _____

CHECKED BY: _____ DATE _____

MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

ed changes are made in installation of system and/or if any false information is supplied in making

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