PIN: 4666127092

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 Clodfelter Building Co. DATE 11/20/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1125 S. TL White Oaks Rd. ~300' on Right

S. R. No. _____

SUBDIVISION NAME R.P. Ellis Property LOT NO. 19 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

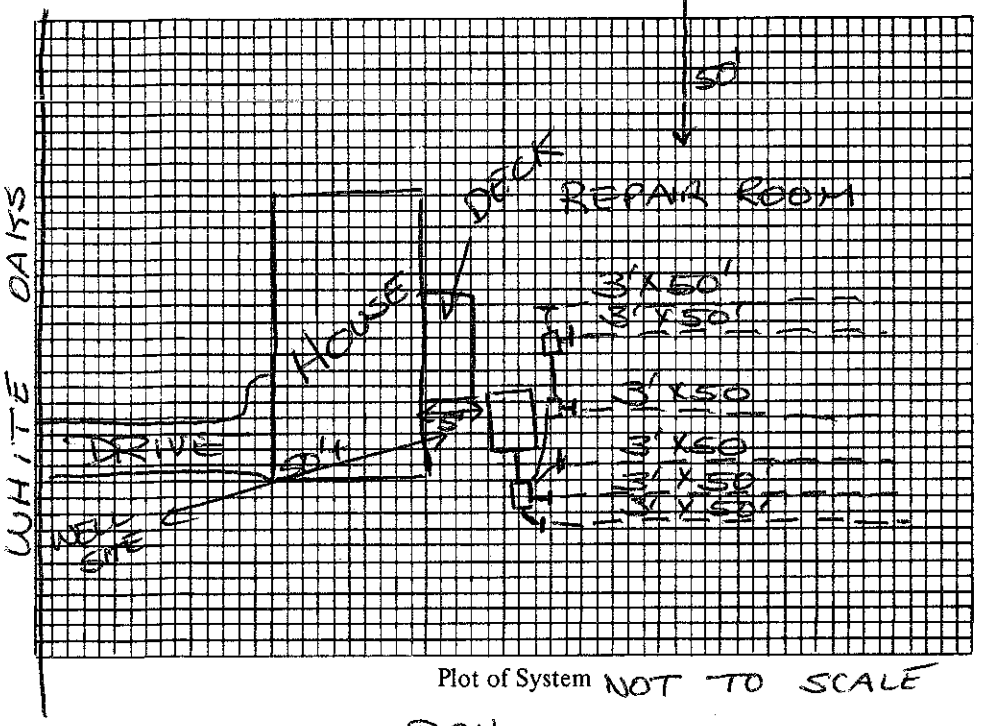
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area (120' x 178' = 21360ft²)

Character & Porosity of Soil clay
Percolation Rate 4
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none observed

ONEIGHBOR WELL

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

maybe public if not well in front yard

Installed by Julian Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Water supply - Public? If not well 50' minimum from any part of sewage system.

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 11/20/87

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

11:00

0699

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 Claffelter Bldg Co. DATE 8-25-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1125 S. TL White Oaks Rd. ~300' on Rt. _____ S. R. No. _____

SUBDIVISION NAME R.P. Ellis Property LOT NO. 19 SECTION OR BLOCK NO. _____

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

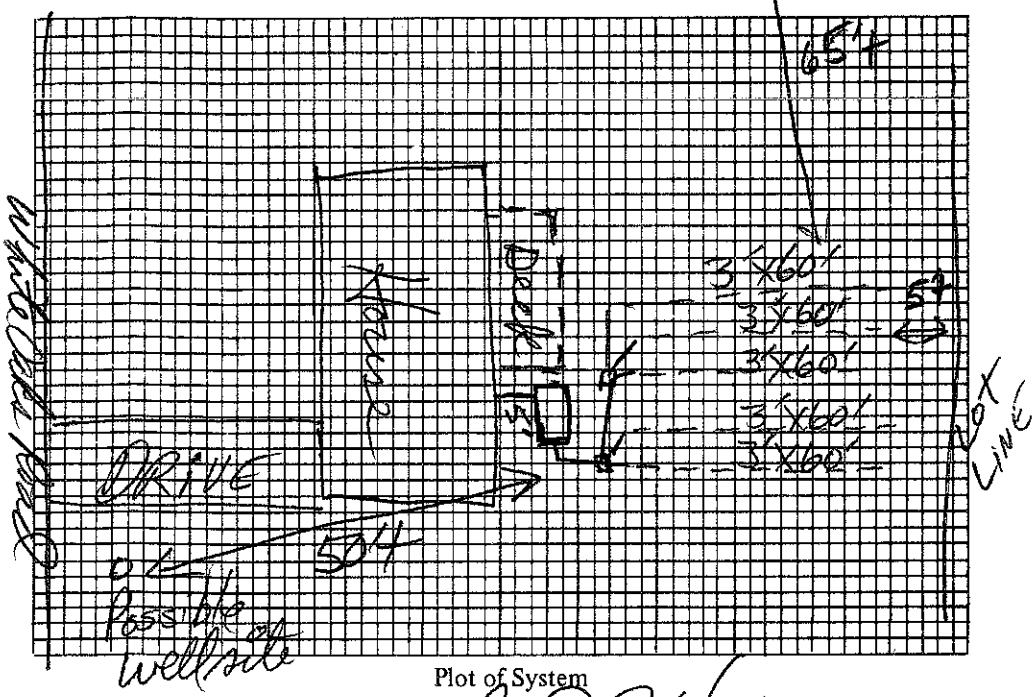
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 2.4
Topography 2 4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 120' X 178'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Maybe putting shot well in front near road

Installed by _____

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

Signed Billy Claffelter

IMPROVEMENTS PERMIT BY Mark R. Hanson, RS

COMMENTS: _____

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