4667-08-8947

1734

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tommy Bowles / Bowles Terrace DATE 6/22/92 PERMIT NO. IM5314

PHONE: Business _____ Home _____

LOCATION Hwy 115 N ~ 1/4 mile N of 150 intersection on (L)

S.R. No. _____

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

House ☐ Mobile Home ☐ Business ☑ Other Garage (6 employees + 14 customers = 20 x 25 gpd = 500 GPD.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics P - C

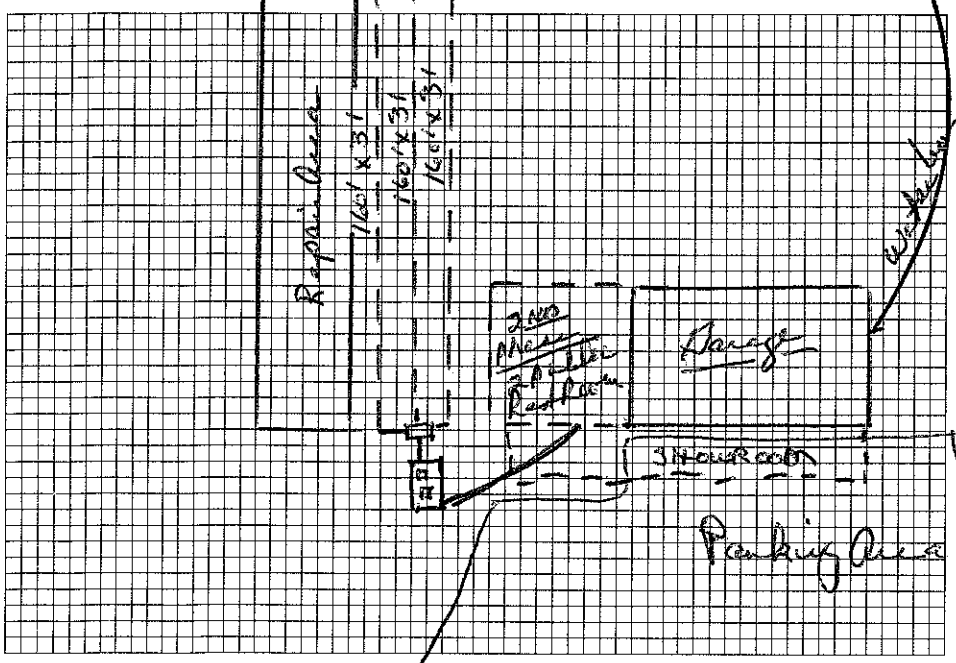
Application Rate P - .35 (wk structure - silty)

Topography P 2-7%

Depth to Water Table S - >48"

Rock or other impervious formations S - none observed

_____ Basement with Plumbing _____ Basement without Plumbing Well ☐ ✓ No Basement [on slab-observed-good] _____ Crawl Space



Plot of System (Not to Scale)

115 S

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 160' x 3'

Sq. Ft. 1440 Linear Ft. 480

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Larry Beam

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 6/26/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

1734

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 Tommy Bowles DATE Oct. 21, '91 PERMIT NO. IM-5-B-14

PHONE: Business _____ Home _____

LOCATION Hwy 115 N. of Mocksville ¼ to ½ mile on left north of Hwy 150 (Alaga Rd.) S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other Garage (6 employees avg + 14 customers avg = 20 x 25 gpd/dy = 500 gpd/dy design flow

No. Bedrooms — No. Bathrooms 4

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area _____

Character & Porosity of Soil PS clay

Percolation Rate ~.35

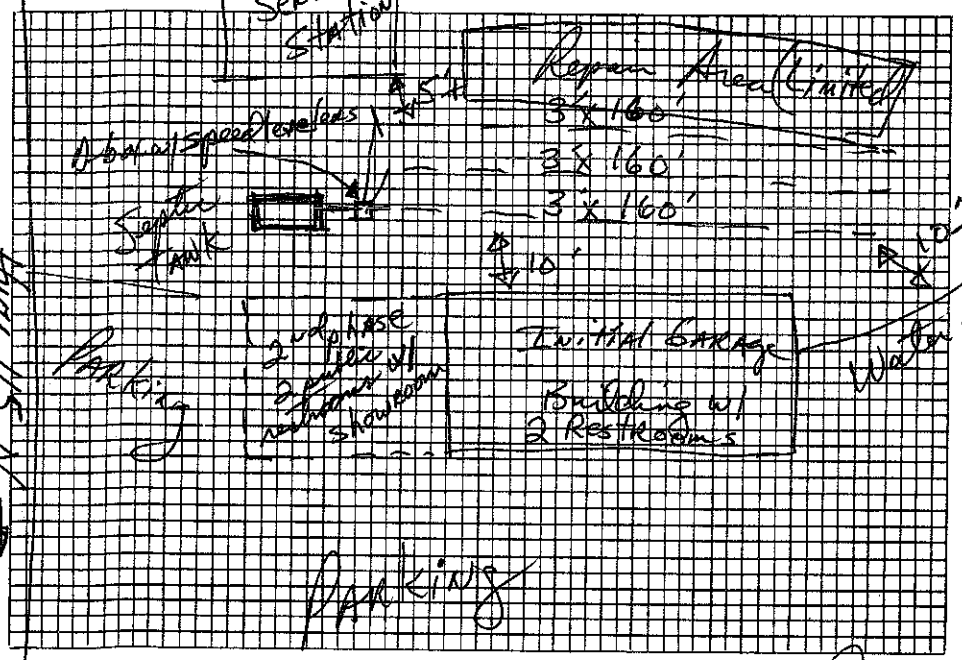
Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations none obs. @ Ex Well

[Consists Above ex. grade]

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 + Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1440 Linear Ft. 480

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: Tommy Bowles

IMPROVEMENTS PERMIT BY Jane R. Hinson, RS

COMMENTS: Additional repair to septic system beyond what available space exists will require connection to public sewer. Install nitrification trenches at 36" trench bottom depth.

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