4007261984

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 Robert Dyson DATE 8-3-84 PERMIT NO. 230

PHONE: Business _____ Home _____

LOCATION 800 N. Brood Street (700 block) on left At Dysons Square S. R. No. _____

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

House ( ) Mobile Home ( ) Business X Other 2 offices 70 people MAXimum

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes ( ) No (X)

Auto. Wash. Machine Yes ( ) No (X)

Site Suitable Yes (X) No ( )

Character & Porosity of Soil Sandy Material

Percolation Rate 0.5 Gal/Ft/Day

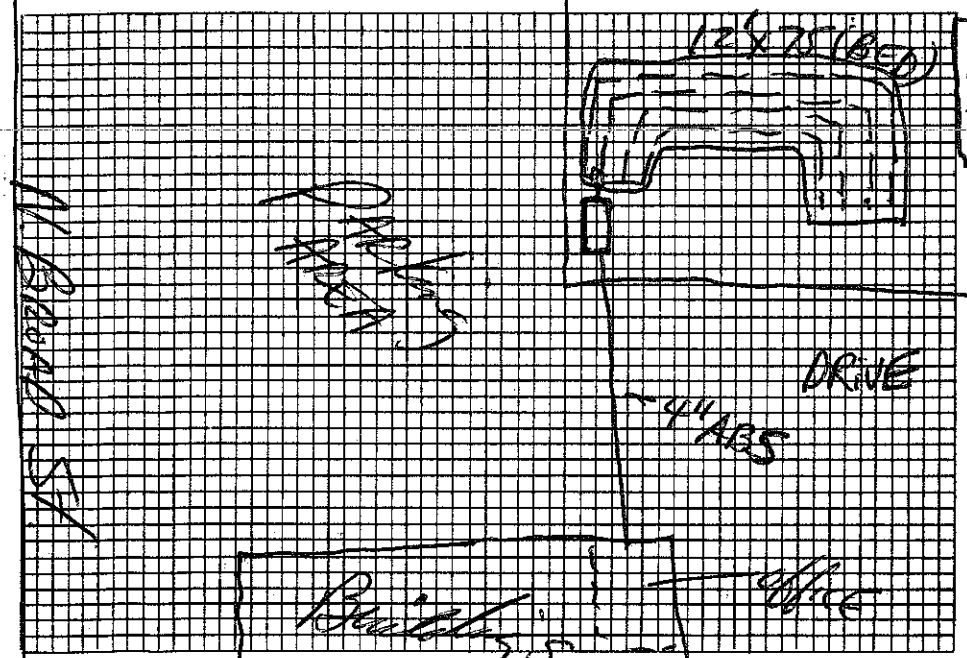
Topography 2% 4%

Depth to Water Table _____

Rock or other impervious formations NONE OBS

Lot Area Existing Prop. Line

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.

Nitrification Field: 4 (12 X 75') BED

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public X

Installed by Wayne Dobson

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

Signed: _____

IMPROVEMENTS PERMIT BY C. Barnett + Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-3-84

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 Robert Dyson DATE 5-25-84 PERMIT NO. 121

PHONE: Business _____ Home _____

LOCATION 115 N ~~FR~~ TL at Capt Cap (Dyson Square)

S. R. No. _____

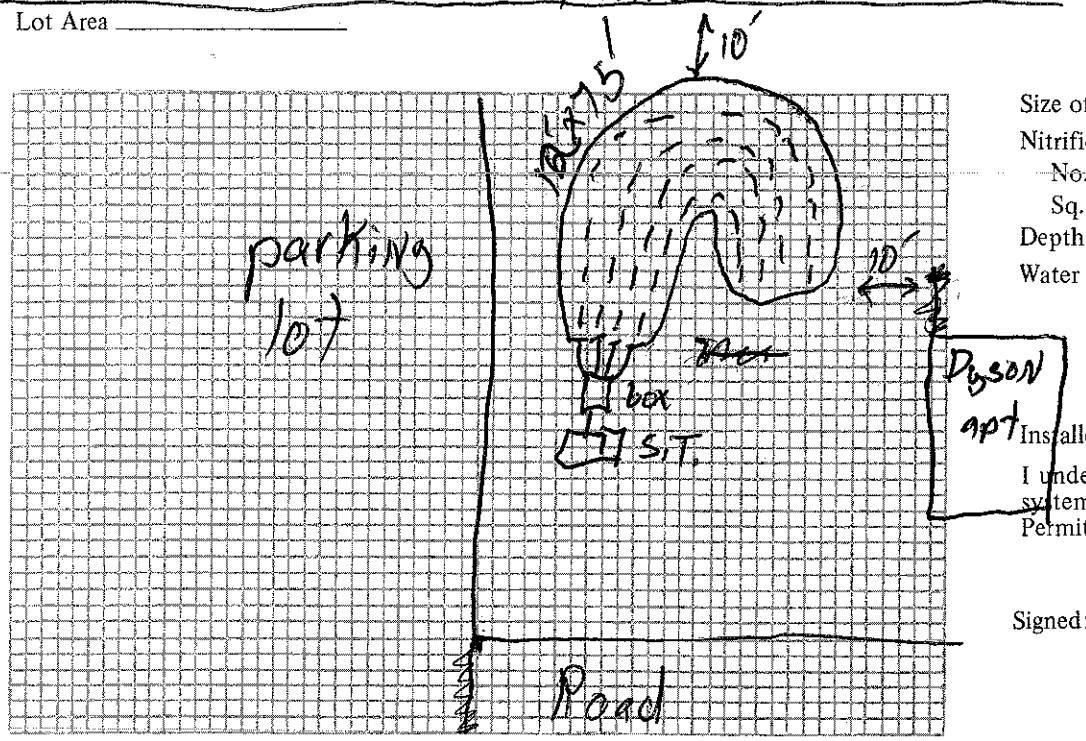
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (X) Other 2 offices 10 people max.

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No (X) 1" Rock

Character & Porosity of Soil 0-5 ~~Clay~~ Parent material
Percolation Rate 3 gal/sq ft/day
Topography 2-6%
Depth to Water Table 4-7
Rock or other impervious formations None

Lot Area _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 4 12"x75' Lines
No. of Lines
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (X) city water

Installed by _____

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

Signed: Robert Dyson

IMPROVEMENTS PERMIT BY Charles L. Burnett & Fred Clemmer

COMMENTS: Keep system shallow

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