4668102444

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 Maxie Davis DATE 6/1/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N. TR @ Davis Supply TR 2396 On R @ corner of Godwin / Whittman Cir. S. R. No. _____

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

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

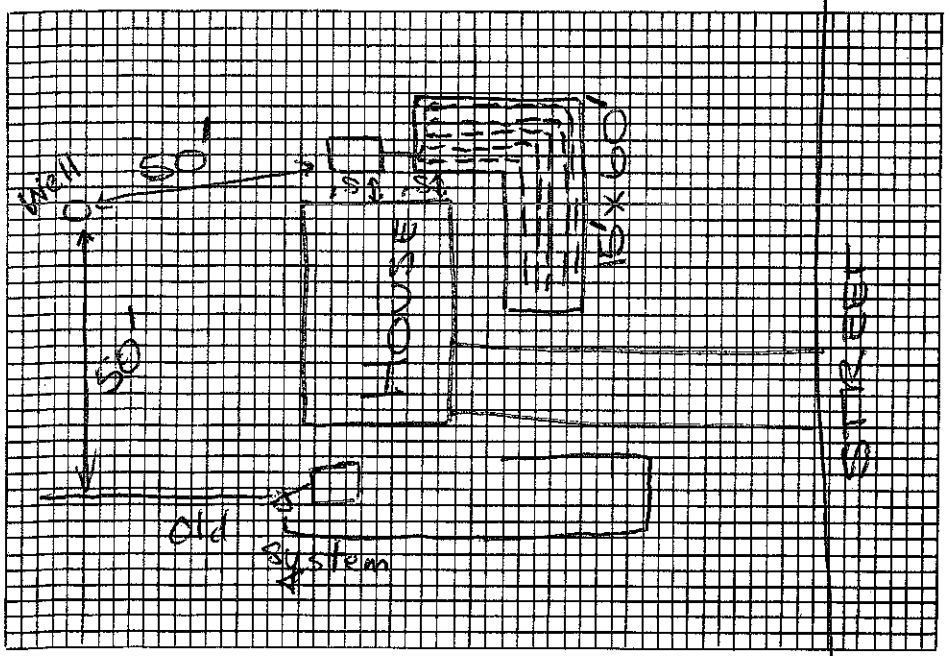
No. Bedrooms 3 No. Bathrooms 1

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 .3-.4 gpd / ft²
Topography 2-6%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines Bed: 15' x 60'
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Sigmon's AAA Septic Tank
I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY 133215 Andie C. Pierce

COMMENTS: Future repairs are limited to pumping uphill from new repair.

CERTIFICATE OF COMPLETION BY Andie C. Pierce, R.S. DATE 6/1/89

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 Maxie Davis DATE 6/29/79 PERMIT NO. 231

PHONE: Business _____ Home _____

LOCATION 115N, T.R. at Davis Supply, T.R. on ~~3696~~ 2396

S. R. No. _____

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

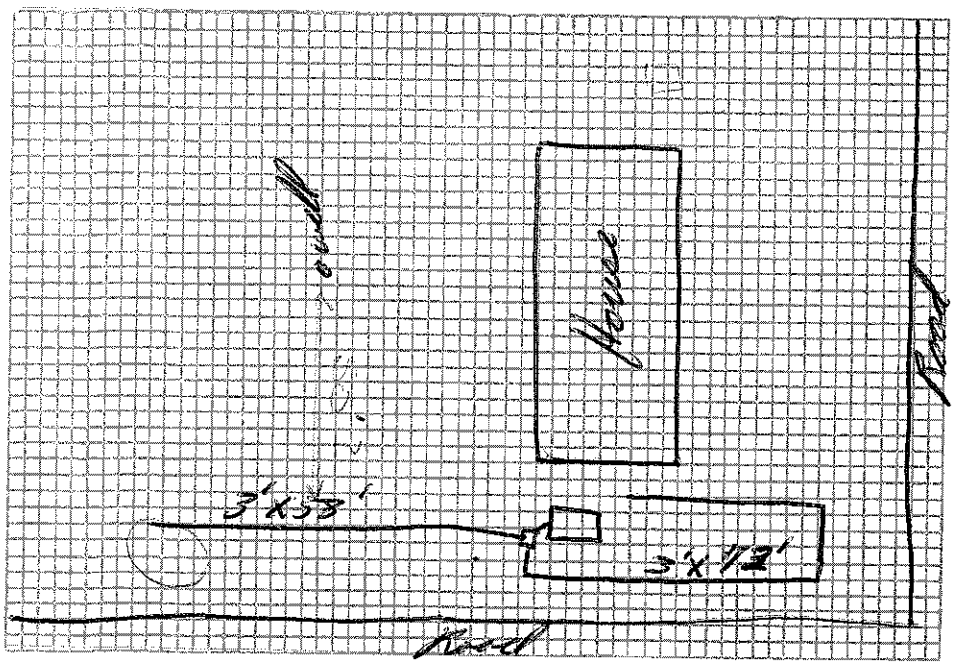
House (✓) Mobile Home ( ) Business ( ) Other _____ Repair

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area _____

Character & Porosity of Soil Clay loam
Percolation Rate 80 min/ft
Topography 2% slope
Depth to Water Table 10'+
Rock or other impervious formations none observed



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 393 Linear Ft. 131
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Eddie Young

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Carey DATE 6/29/79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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 Marie Davis DATE 6/29/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N, T.R. at Davis Supply _____

_____ S. R. No. _____

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

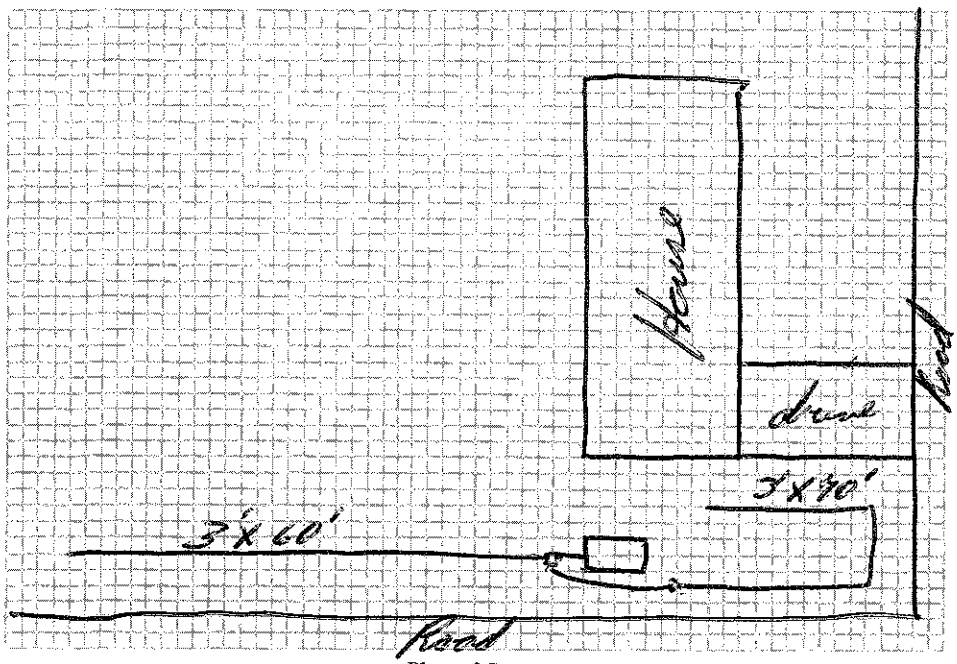
House (✓) Mobile Home ( ) Business ( ) Other _____ Repair

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area 1 acre

Character & Porosity of Soil Clay loam
Percolation Rate 20 min/inch
Topography 2 to slope
Depth to Water Table 20+
Rock or other impervious formations none



Plot of System

Size of Tank 1 Utility Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 360 Linear Ft. 130
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY Andrew E. Carson

COMMENTS: Re-lay-out due to circumstances
Flexible soild O.K. to use around tank

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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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 Maxie Davis DATE 2/16/89 ~~PERMIT NO.~~ 18 D

PHONE: Business _____ Home _____

LOCATION (Corner of Whitman and Godwin) 115N TR Whitman go straight Turn R. w/Rd. at _____ S. R. No. _____

SUBDIVISION NAME Corner of Godwin LOT NO. _____ SECTION OR BLOCK NO. _____

Corner of SR 2445 and 2446

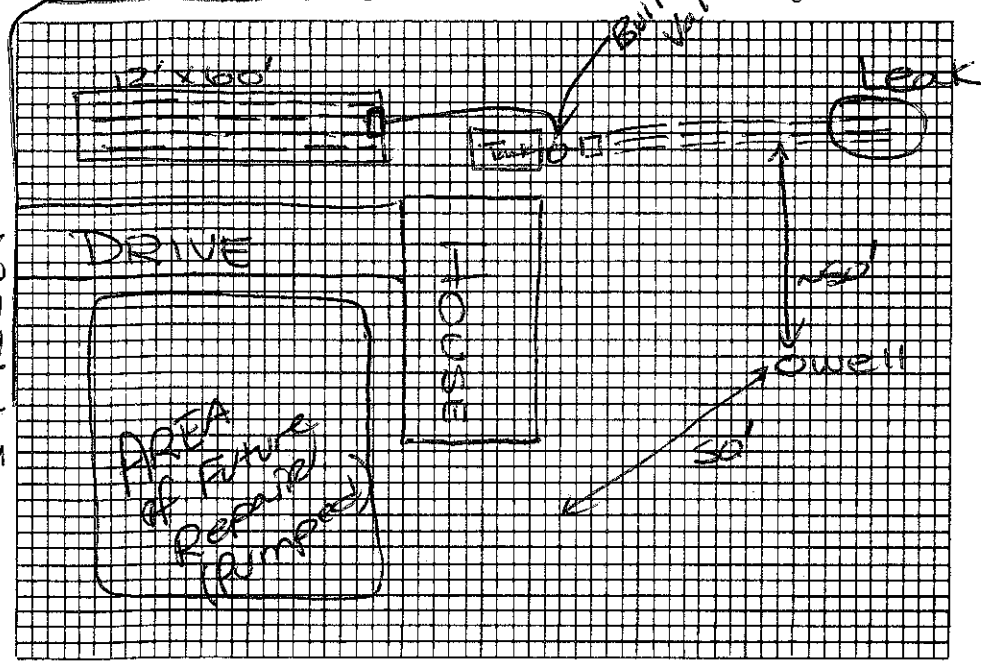
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms ~3 No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	existing
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Exist STREET

~~Basement with Plumbing~~ ~~Basement without Plumbing~~ ~~No Basement~~



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 4 (in a Bed)
Sq. Ft. 720 Linear Ft. 240
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: _____

IMPROVEMENTS PERMIT BY Andrea C. Pierce

COMMENTS: Install System as shallow as possible but deep enough to get fall. Use a diverter valve to switch from field to field. (didn't meet me as we had agreed)

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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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 Maxie Davis DATE 5/1/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115N TR @ Davis Supply TR 2396 on R @ Corner of Godwin/Whitman Cir. S. R. No. _____

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

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

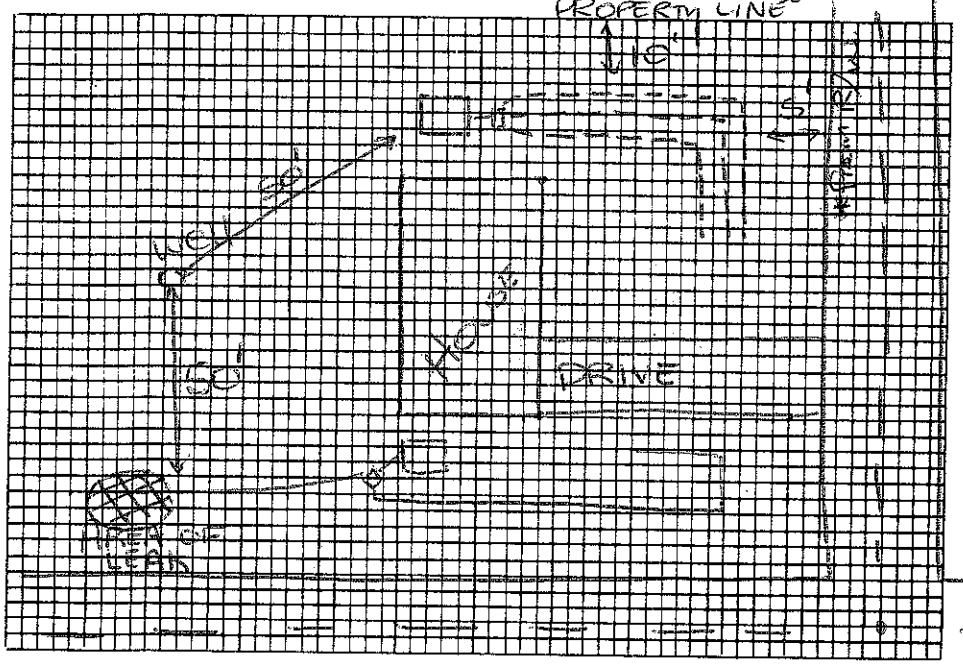
No. Bedrooms 3 No. Bathrooms 1

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 .3-.4
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank ~~EXISTING~~ 1000 Gals.
Nitrification Field:
No. of Lines Bed
Sq. Ft. _____ Linear Ft. 15' x 60'
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: _____

IMPROVEMENTS PERMIT BY Andrew C. Pierce

COMMENTS: Reroute plumbing to a new tank set shallowly. Run lines as shown with a shallow bed. 12" cover at the end of bed.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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