4668200326

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 James O. Gilbrey DATE 7-7-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E. (By Pass) TL Goodwin Road ~ ⅛ mile on Rt. _____ S. R. No. _____

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

P.W.

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 1.6Ac

Character & Porosity of Soil Sandy clay

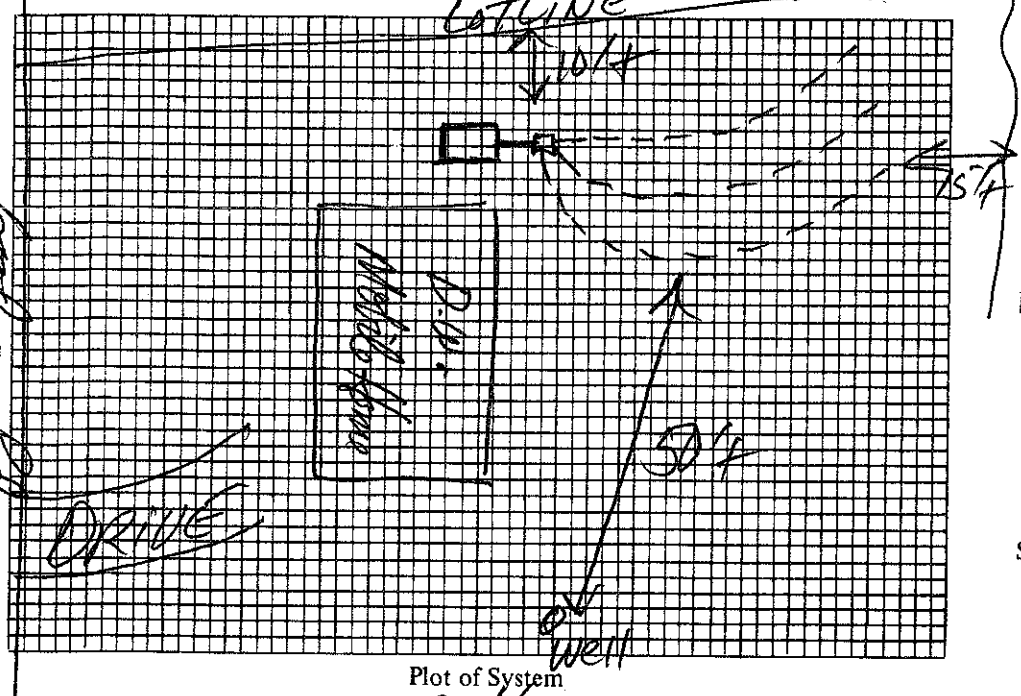
Percolation Rate 2.5

Topography 2-6%

Depth to Water Table 3'+

Rock or other impervious formations more obs.

( ) Basement with Plumbing ( ) Basement without Plumbing (✓) No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Wayne Potts

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

Signed: _____

IMPROVEMENTS PERMIT BY DHH

COMMENTS: Speed Levelers used with 1 box instead of drop boxes. Well put down closer to area of sewage system than intended.

CERTIFICATE OF COMPLETION BY D. Hanson, R.S. DATE 7-28-

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

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(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James O Billbrey DATE 7-7-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 By Pass E. TR Goodwin Road ~1/8 mile on Rt. _____ S. R. No. _____

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

D.W.

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

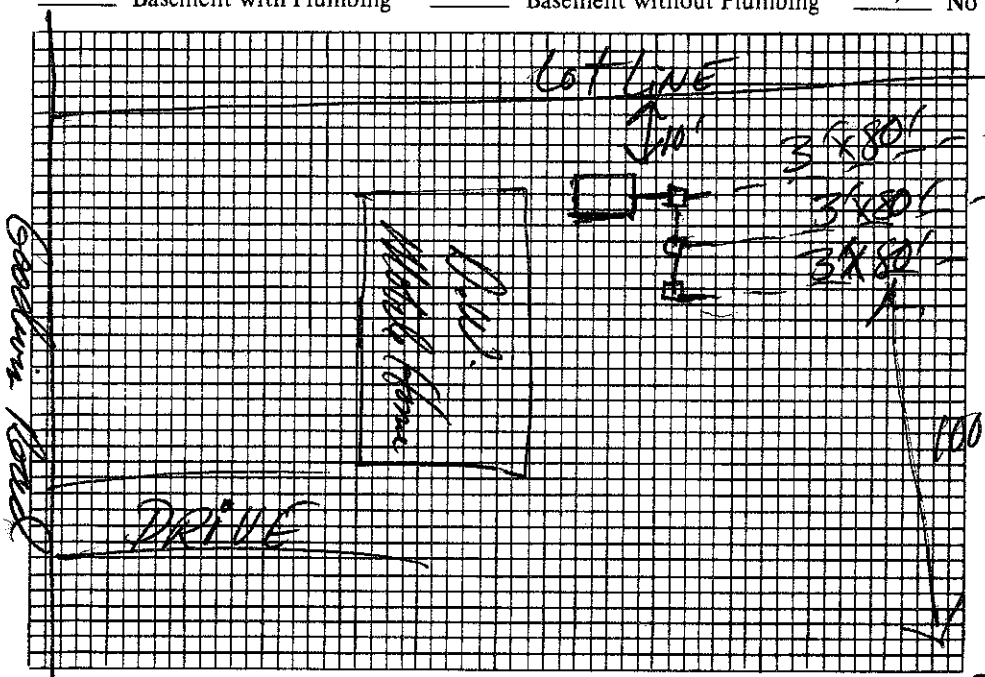
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Sandy clay
Percolation Rate ~5
Topography 2-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area ~1.6 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
75' Gal. Public ( )
Well already down

Installed by _____

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

Signed: James O Billbrey

Owell

IMPROVEMENTS PERMIT BY David R. Hanson

COMMENTS: Keep system shallow. Follow contours. Use a series of properly installed drop boxes.

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