4668726727

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

CONTRACTOR Robert Compton DATE 9-16-83 PERMIT NO. 316

PHONE: Business _____ Home _____

LOCATION 801 N to Elephant Road ~1000yds on left

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

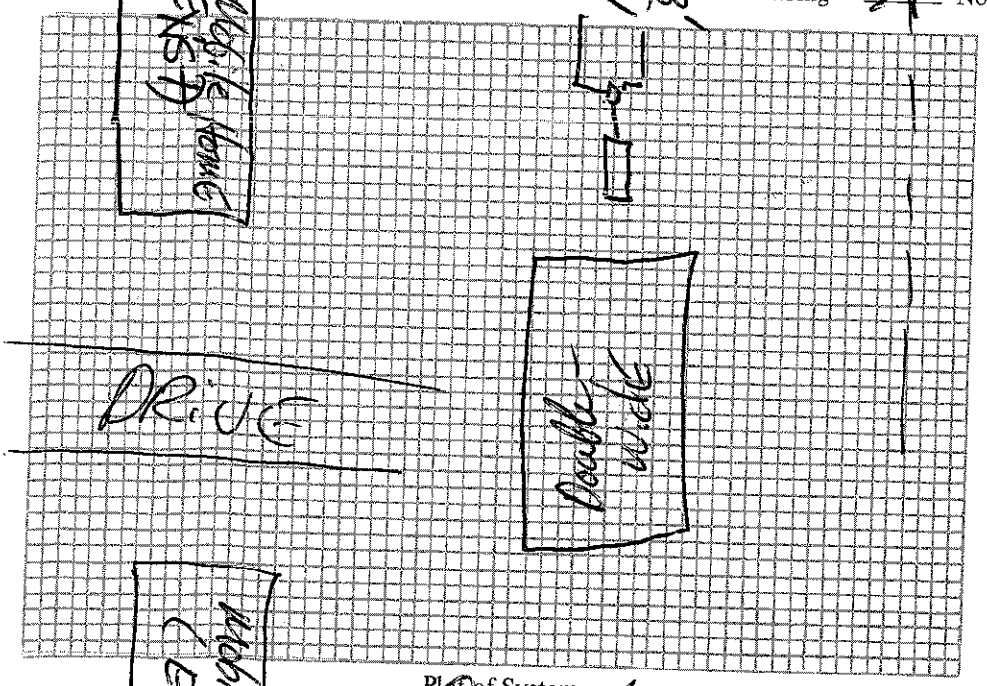
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 FT2

Character & Porosity of Soil clay loam tight clay pan mat.
Percolation Rate 0-60 60 + /day
Topography 6-8%
Depth to Water Table 4 FT
Rock or other impervious formations None detected

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 400 Linear Ft. 390
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY D R Hinson

COMMENTS _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 9-16-83

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 Compton DATE Aug 16, 1983 PERMIT NO. 195

PHONE: Business _____ Home _____

LOCATION 801 N. 21 Oliphant Rd. - 100 yds. on left

S. R. No. _____

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

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

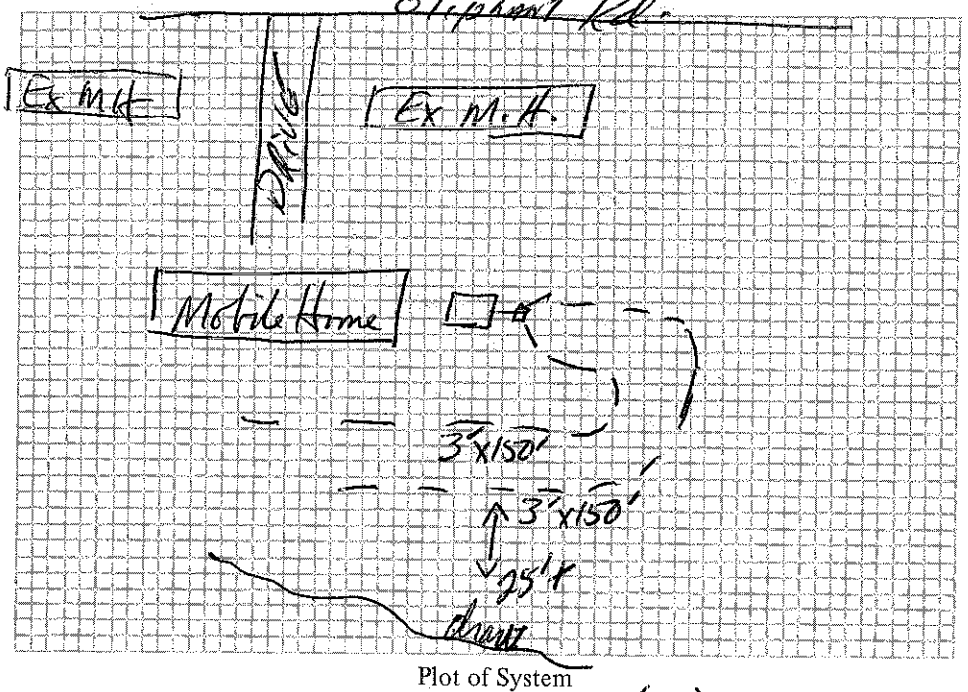
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20000 ft²

Character & Porosity of Soil tight p.m.
Percolation Rate 4 min rate
Topography 6-8%
Depth to Water Table 4+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
Existing - in laws

Installed by _____

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

✓ Signed Robert L. Compton

IMPROVEMENTS PERMIT BY David K. Hofmann R.S.

COMMENTS: Keep system uphill from drain.

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