4669025557

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 W. Glover DATE 4-22-85 PERMIT NO. 176

PHONE: Business _____ Home _____

LOCATION 115-21 North TR 2383 TR 2393 (Ginger Lane) At end of R

S. R. No. _____

SUBDIVISION NAME _____ 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 DRIVE

Character & Porosity of Soil Clay

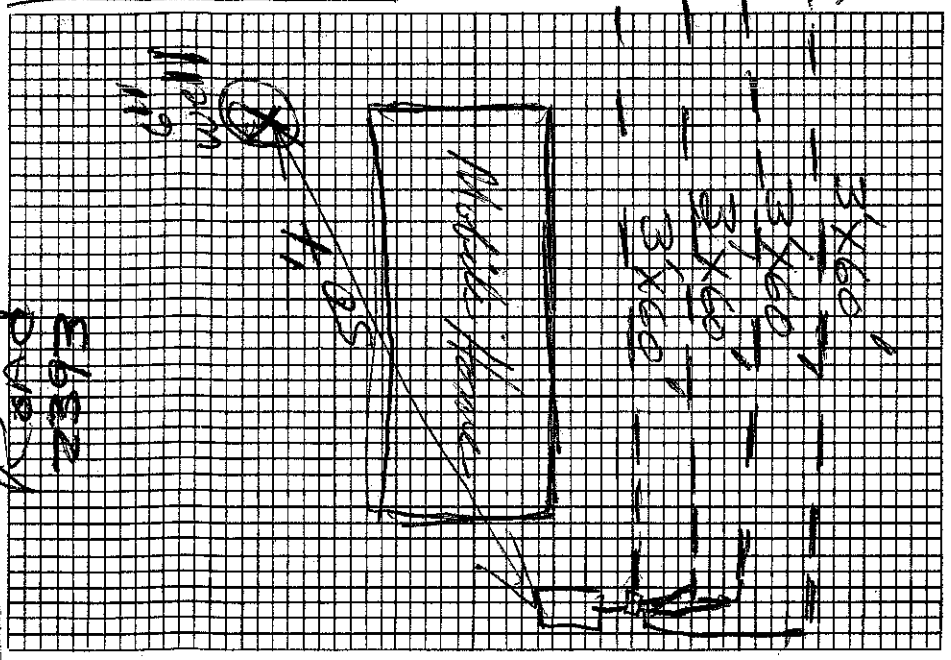
Percolation Rate 0.5 gal ft-2/day

Topography 2-4%

Depth to Water Table _____

Rock or other impervious formations NONE OBS.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by Wayne Orbison

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 4-22-85

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)

107

OWNER OR CONTRACTOR Robert W. Glover DATE 4-11-85 PERMIT NO. ~~105~~

PHONE: Business ______ Home ______

LOCATION 115-21 North TR 2383 TR 2393 (Ginger Lane) At end on R S. R. No. ______

SUBDIVISION NAME ______ 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 29,000 Ft²

Character & Porosity of Soil Clay

Percolation Rate 0.5 gal/ft²/day

Topography 2-8%

Depth to Water Table 4'

Rock or other impervious formations None obs.

______ Basement with Plumbing ______ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: No. of Lines 4

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by ______

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

Signed: Robert W. Glover

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow, About 1.5' cover

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