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

OWNER OR CONTRACTOR Donald Garrison DATE 10-[illegible]-86 PERMIT NO. _____

PHONE: Business _____ Home _____

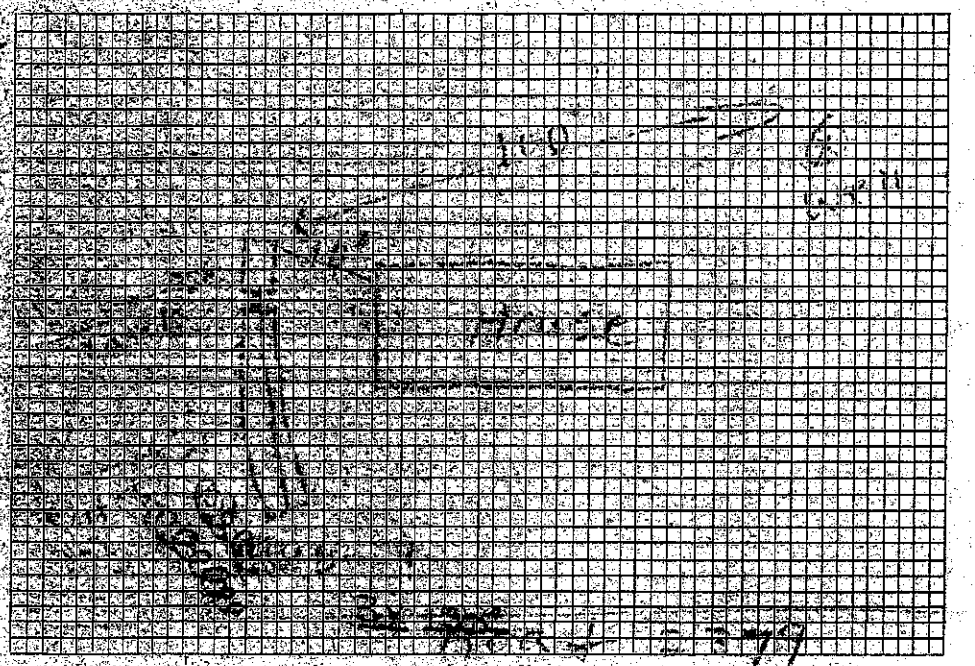
LOCATION NC 31 [illegible] on 2352 [illegible]
Lamb on right S. R. No. [illegible]

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

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

No. Bedrooms 3 No. Bathrooms 1½
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ½ acre

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING SYSTEM
Depth to Water Table _____
Rock or other impervious formations 0



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"/50
Water Supply: Individual (✓)
Public ( )

Installed by E. J. Strom
2-22-94

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: System is adequate for house to be constructed. Existing stable house shall be disconnected from system & piped off property when house is occupied

CERTIFICATE OF COMPLETION BY Change approved 7/21/89 Accpt DATE 10-[illegible]-86
OK → 150' of lines

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

4-17-711

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 Donald Garmon DATE 2-28-94 PERMIT NO. 34

PHONE: Business _____ Home _____

LOCATION US 21 TR on 2383 (Shinnville Rd) TR at shinns Store on 2379 ¼ mi on right S. R. No. 2379

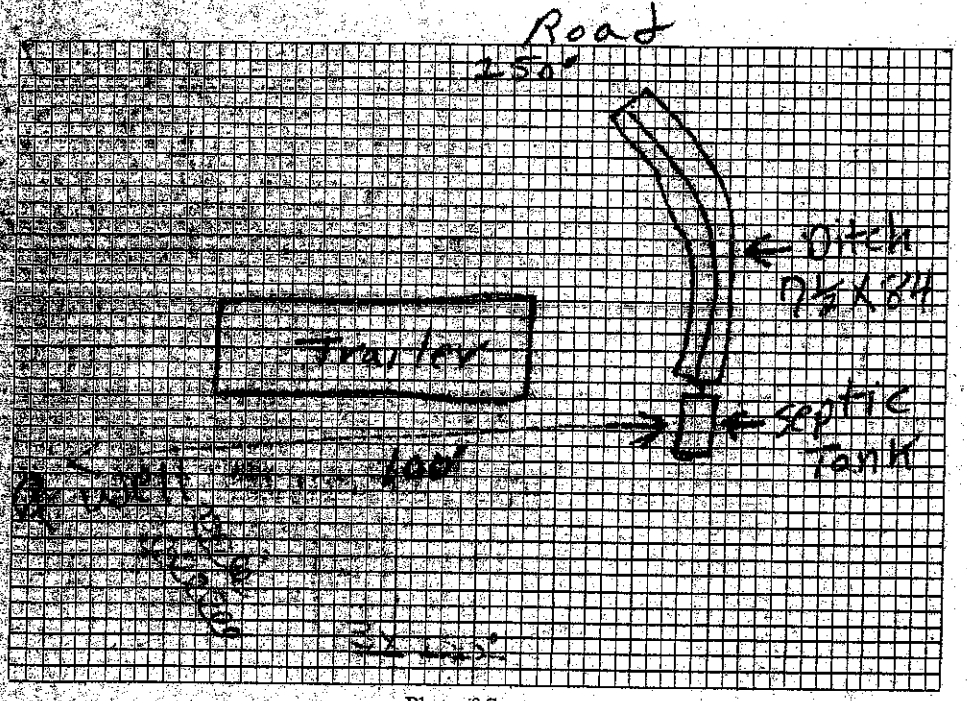
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 1½ acre

Character & Porosity of Soil appling Sandy loam Porosity good
Percolation Rate not taken
Topography 3% Slope
Depth to Water Table 10+
Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10" min
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: House To be built later
Septic Tank System is large enough
for a 3 bedroom house without
a garbage Disposal

CERTIFICATE OF COMPLETION BY Changed approved 7/11/00 JC DATE _____

OK → 150' of lines

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)

28

OWNER OR CONTRACTOR Donald Garmon DATE 3-5-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 TR on 2383 TR on 2379 at Shinnville ¼ mi on right S. R. No. 23

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

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area over 1 acre

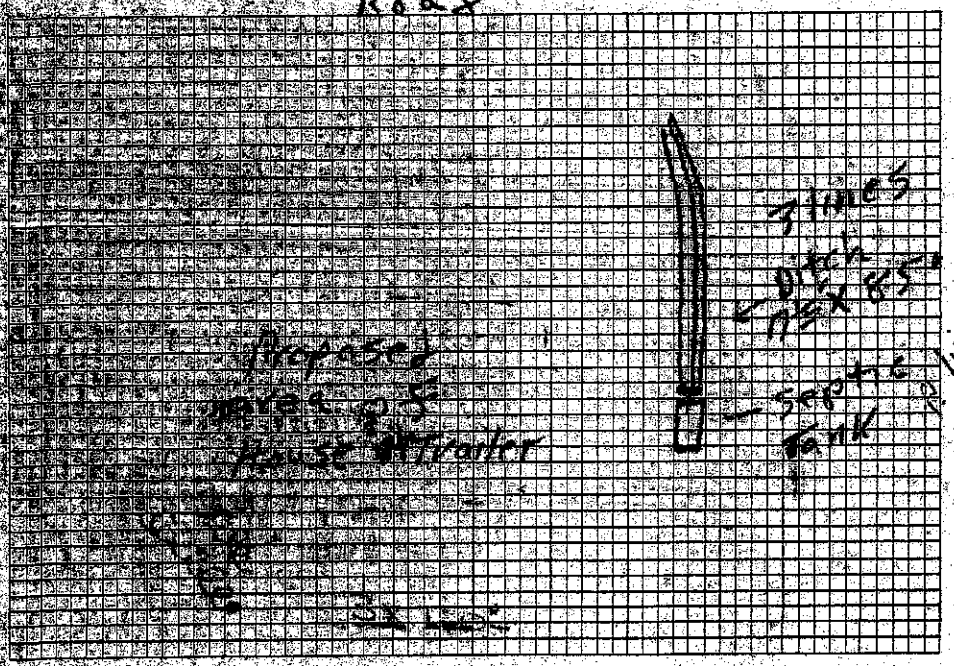
Character & Porosity of Soil Clay loam Porosity Fair to Poor

Percolation Rate not taken

Topography 2% Slope

Depth to Water Table 10+

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 635 Linear Ft. 255
Depth of Stone in Lines 10" ✓

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Trailer to be placed on lot now then later replaced by 3 bedroom House

CERTIFICATE OF COMPLETION BY _____ DATE 3-5-7

OK — 100 of lines

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