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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 Joe Amico DATE 11-4-86 PERMIT NO. 586

PHONE: Business _____ Home _____

LOCATION NC 136 S TR on Johnson Dairy Rd go ~ ½ mile and TL before you reach the sewage treatment plant S. R. No. _____

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

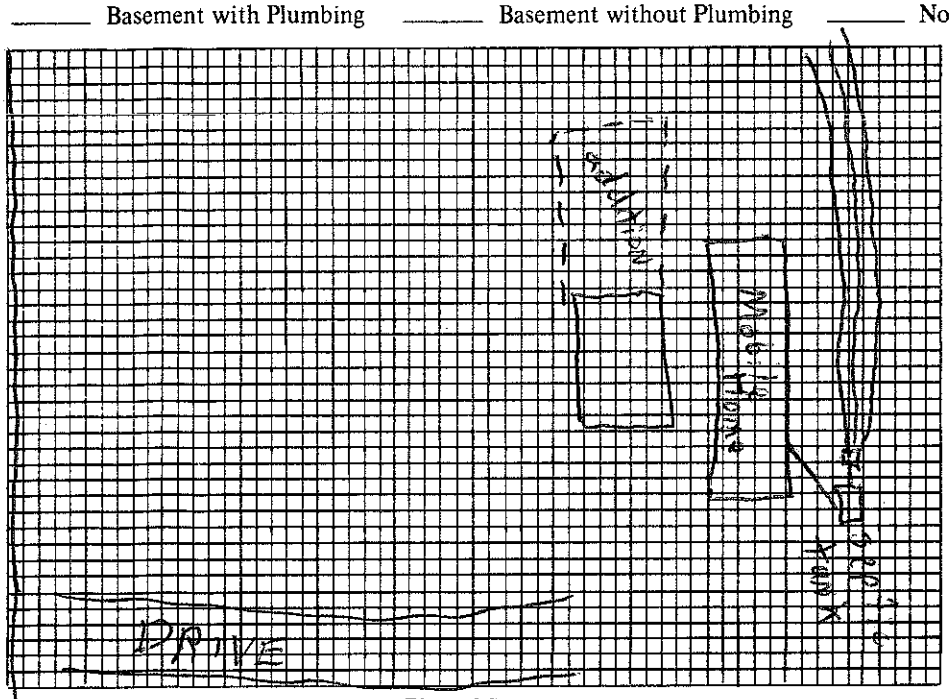
House (✓) Mobile Home ( ) Business ( ) Other addition no bedroom

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field: Existing
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Chapin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: existing system working OK at date of inspection building house need to move. ~~house~~ mobile home after house is completed because system design for 1 unit only

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett DATE 11-4-86

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: Joseph Amico DATE: 6-20-86 PERMIT NO. 355

PHONE: Business ______ Home ______

LOCATION: Coddle Creek go ~.5 mile TR on Johnson Dairy Rd lot is ½ on left S. R. No. ______

SUBDIVISION NAME ______ LOT NO. 5 SECTION OR BLOCK NO. ______

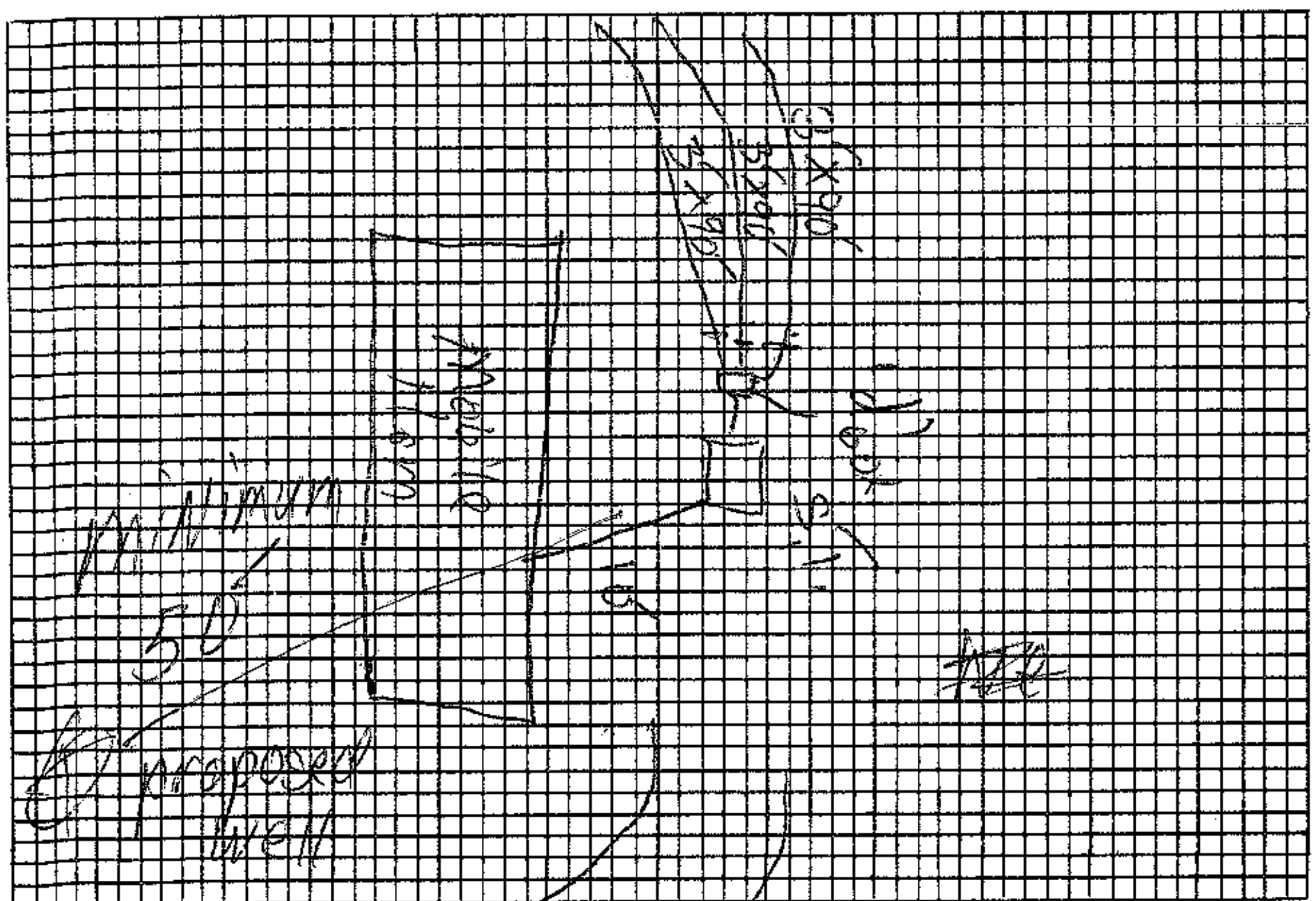
House ( ) Mobile Home (✓) Business ( ) Other ______

No. Bedrooms: 2 No. Bathrooms: 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.3gal/ft²/day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	None obs

Lot Area: 6 acres

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank: 1000 Gals.

Nitrification Field:
No. of Lines: 3
Sq. Ft. 810 Linear Ft. 270
Depth of Stone in Lines: 12"

Water Supply: Individual (✓)
Public ( )

Installed by: Chapin

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

Signed: ______

IMPROVEMENTS PERMIT BY: CKB

COMMENTS: ______

CERTIFICATE OF COMPLETION BY: Charles K. Barnett DATE: 6-20-86

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

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 Joseph Amico DATE 6-12-86 PERMIT NO. 265

PHONE: Business _____ Home _____

LOCATION Coddle Creek Rd go ~5 mile TR on Johnson Dairy Rd lot is ~¼ on left S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 5 SECTION OR BLOCK NO. _____

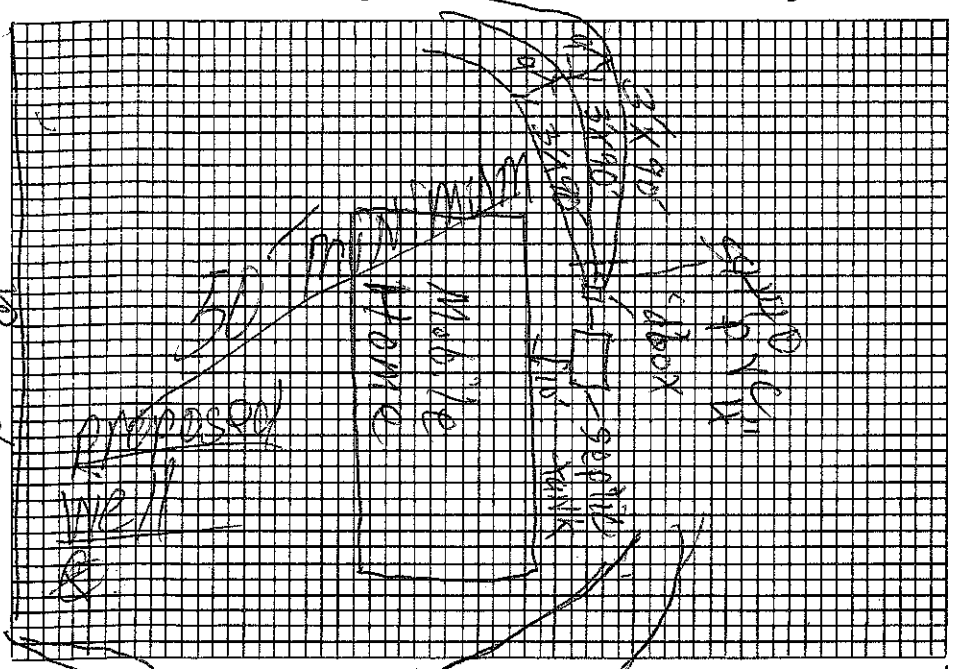
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Sandy Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .3 gal/ft²/day 2-8-86
Auto. Wash. Machine	Yes (✓)	No ( )	Topography
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 4'
			Rock or other impervious formations none obs

Lot Area 6 acres

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 800 Linear Ft. 267
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: Joseph J. Amico

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: deep system shallow no more 30" deep on ditches and follow contour

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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