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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 Wesley Enroth DATE Aug. 15, '89 PERMIT NO. 1B-A-79

PHONE: Business _____ Home _____

LOCATION 136 S. TR 1142 (Johnson Dairy Rd.) ~ 1/8 mile on left S. R. No. _____

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

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

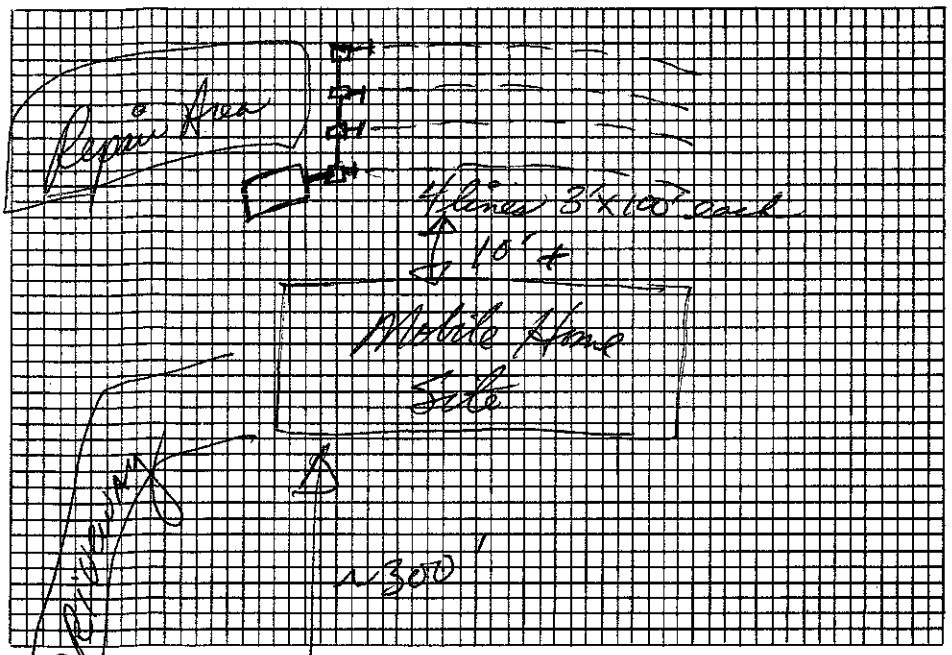
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate ~ 3
Topography 6-10%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

Lot Area 8.23 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: SR 1142

CERTIFICATE OF COMPLETION BY C. Henson, RS DATE 8-15-89

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

9420

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 Wesley Enroth DATE 1/10/89 PERMIT NO. 22C

PHONE: Business _____ Home _____

LOCATION 136 S. TR Johnson Dairy Rd. 1/8 mile on L.

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 79 SECTION OR BLOCK NO. _____

1B-A-79

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

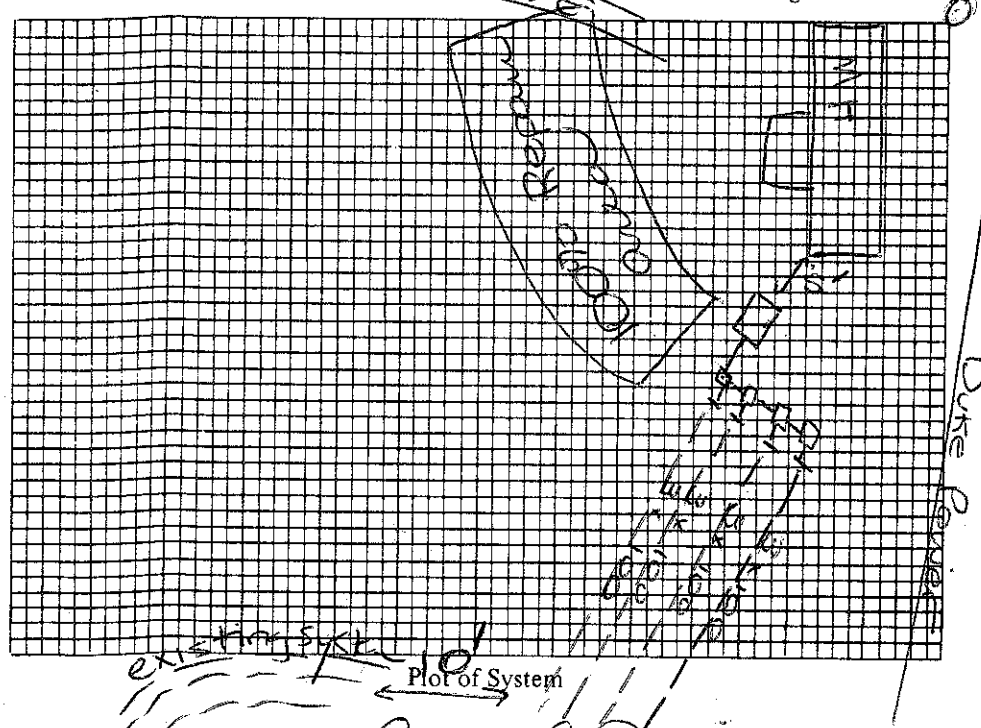
No. Bedrooms ~~3~~ 2 No. Bathrooms 2 1/20/89 ACP.

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.3	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6% – 10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	None observed	

Lot Area 8.31 Acres DR

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

?? Possible future well site.



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines ~~43~~ 270
Sq. Ft. ~~2000~~ Linear Ft. ~~400~~
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: ~~X~~ Wesley Enroth

IMPROVEMENTS PERMIT BY Andre C. Rieck

COMMENTS: ditch depth (24-30") Install system SHALLOW and on Contour. Keep tant at a location so as to access Repair Area by Gravity.

CERTIFICATE OF COMPLETION BY 1/20/89 – Changed to 2 Bedroom unit – ACP. 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

10358

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 Wesley Enroth DATE 8/18/89 PERMIT NO. 1B-A-79

PHONE: Business _____ Home 664-4636

LOCATION 136 S. TR Johnson Dairy Rd. TL ~ 1/8 - 1/4 mi. into drive On the hill

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

House ( ) Mobile Home (✓) D.W. Business ( ) Other _____

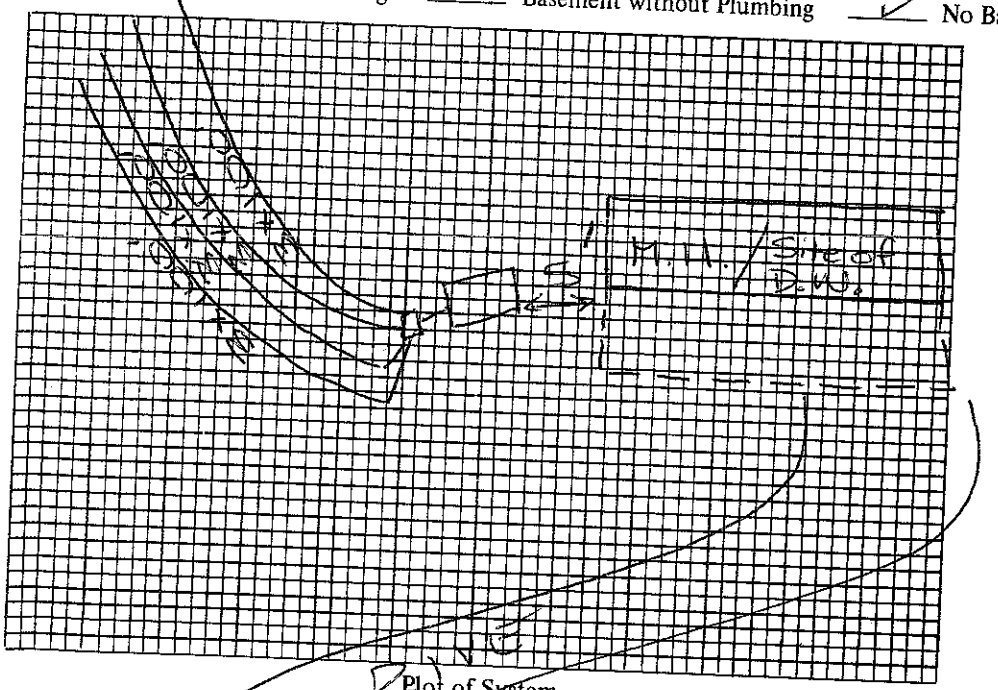
No. Bedrooms 3 No. Bathrooms 2

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

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
*info from completion of 10-22-86

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrie C. Rowe, R.S. 8/18/89

COMMENTS: No sign of septic system malfunction at the date of this inspection)

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrie C. Rowe, R.S. DATE 8/18/89

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