4675 28 7961

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 Margaret Diamond DATE Sept. 28, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 136 S. TR 1147 (Rocky River Rd.) House on corner (1st House on Rt.) S. R. No. _____

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

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

No. Bedrooms 3-4 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~/S Yes (✓) No ( )

Character & Porosity of Soil Clay

Percolation Rate 3-4

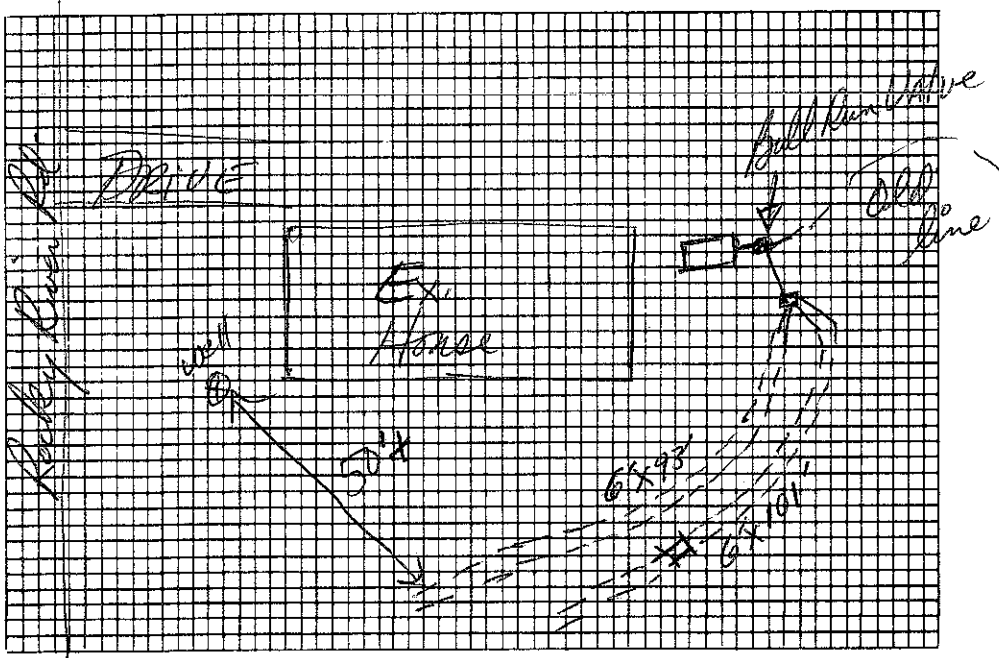
Topography 2%

Depth to Water Table 44

Rock or other impervious formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System 1365

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2 (6'x100' Beds)

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12" +

Water Supply: Individual (✓)

Public ( )

Installed by Ernest Keith Meck Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DR Hinson, RS. DATE Sept 28, '88

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 Margaret Diemond DATE Aug 31, '88 ~~PERMIT~~ Quad NO. 22C

PHONE: Business _____ Home _____

LOCATION 136 S. TR 1147 Rocky River Rd. 1st house on Rt. (corner house) S. R. No. _____

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

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

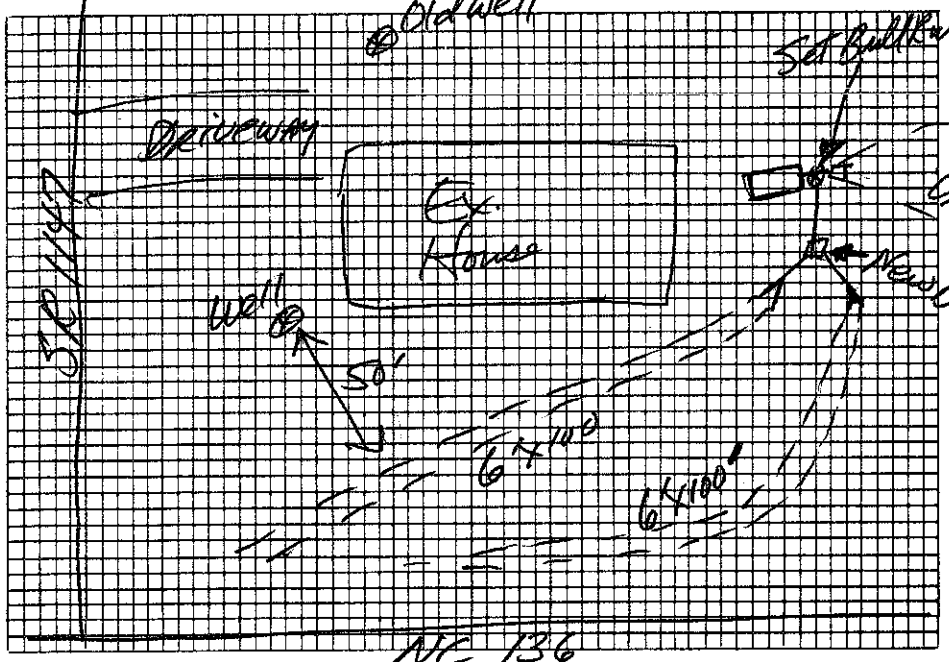
No. Bedrooms 3-4 No. Bathrooms 2

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

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

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2 (6"x100' Beds)
Sq. Ft. 1200 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~~ Margaret Diemond
By Bonnie Diemond

IMPROVEMENTS PERMIT BY David R. Henson, RS.

COMMENTS: Replumb washer into septic tank. Set Bull Run Valve between Existing tank and old drainfield to Divert flow to new drainfield. Use 4" sch 40 to new D box and at least several feet from D box to where ditches are separated by dirt.

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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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold