IREDELL COUNTY HEALTH DEPARTMENT 4676376707

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

OWNER OR CONTRACTOR Mildred Torrence DATE Jan. 9, 87 PERMIT NO. 18

PHONE: Business _____ Home _____

LOCATION 1150 to 1153 3rd house on left

S. R. No. _____

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

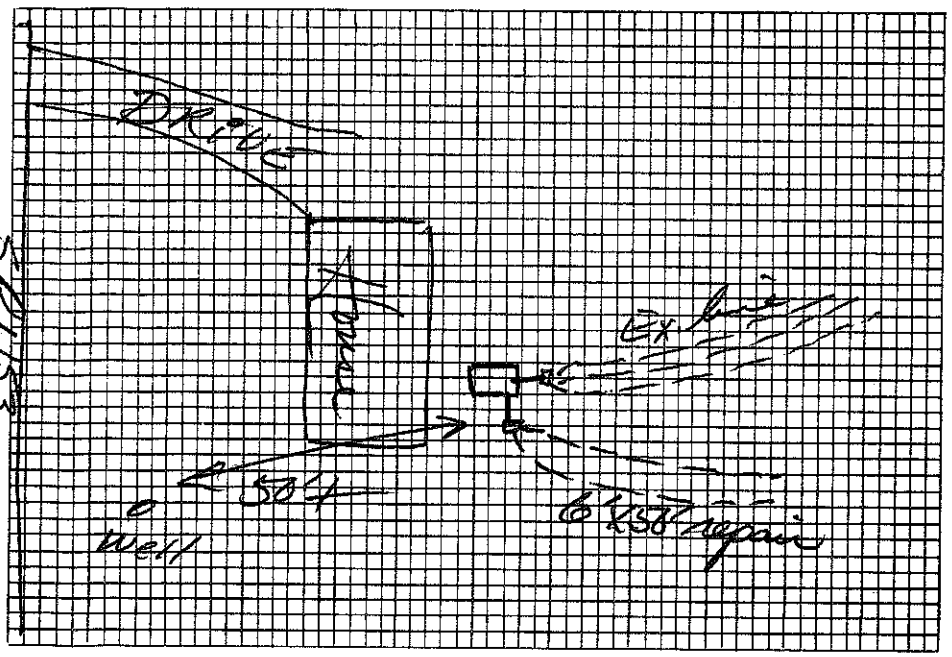
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	2-43
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-4%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	41+
			Rock or other impervious formations	none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Robert Bowers

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 [signature] R.S. DATE Jan 9 87

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

2:00

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 Mildred Terrence DATE 10-9-86 PERMIT NO. 426

PHONE: Business _____ Home _____

LOCATION N. Main TR on Lindwood TL on Bramley Rd 3rd house on left not counting the corner house S. R. No. _____

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

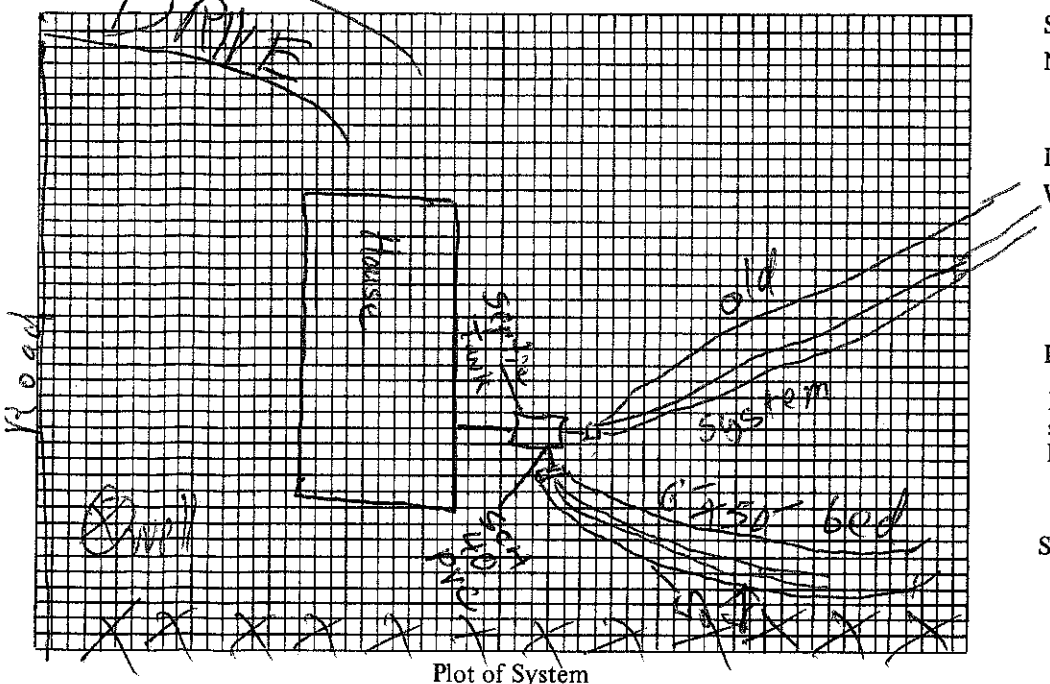
House ( ) Mobile Home ( ) Business ( ) Other repair

No. Bedrooms _____ No. Bathrooms _____
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 Existing
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 Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
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: Mildred Terrence

IMPROVEMENTS PERMIT BY Charles K. Barnett RS

COMMENTS: Keep system as shallow as possible, tie into old tank put in new 'T' below old 'T' to take burden off old system have tank pump if needs it

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