IREDELL COUNTY HEALTH DEPARTMENT 4e705540158

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

OWNER OR CONTRACTOR Terry Eudy DATE 8-19-86 PERMIT NO. 458

PHONE: Business _____ Home _____

LOCATION Linwood Rd. N Tootes Rd. ~1/4 mile on left ~300' off road S. R. No. _____

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

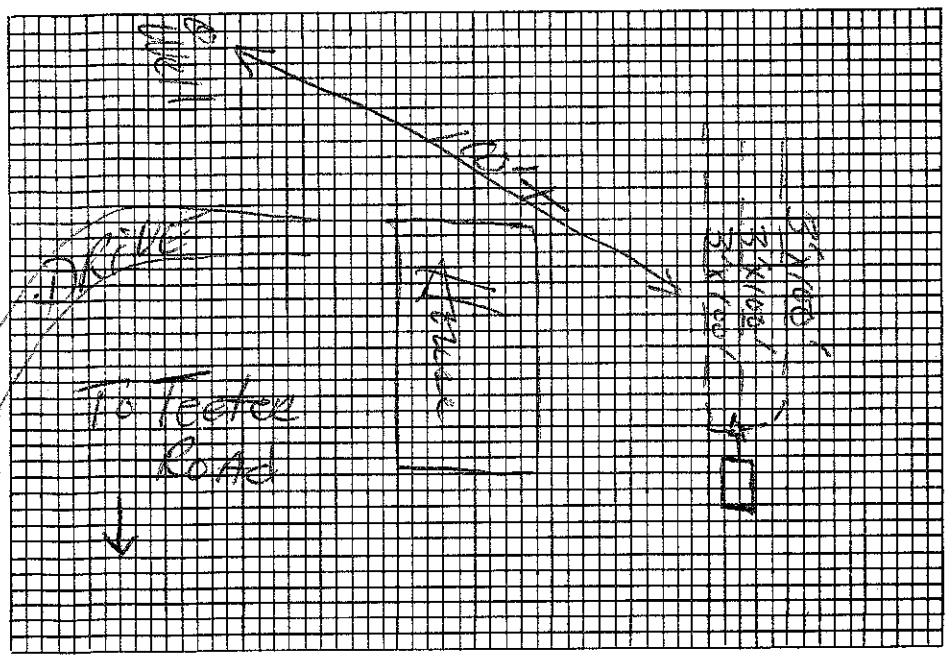
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1.5 Ac.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by T. E. Smith Statesville

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 J. R. Hunt, R.S. DATE 8-19-86

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

9.45

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 Jerry Eudy DATE 4-4-86 PERMIT NO. 141

PHONE: Business _____ Home _____

LOCATION Linwood Rd TL onto Teeter ½ mile on left

S. R. No. _____

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

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

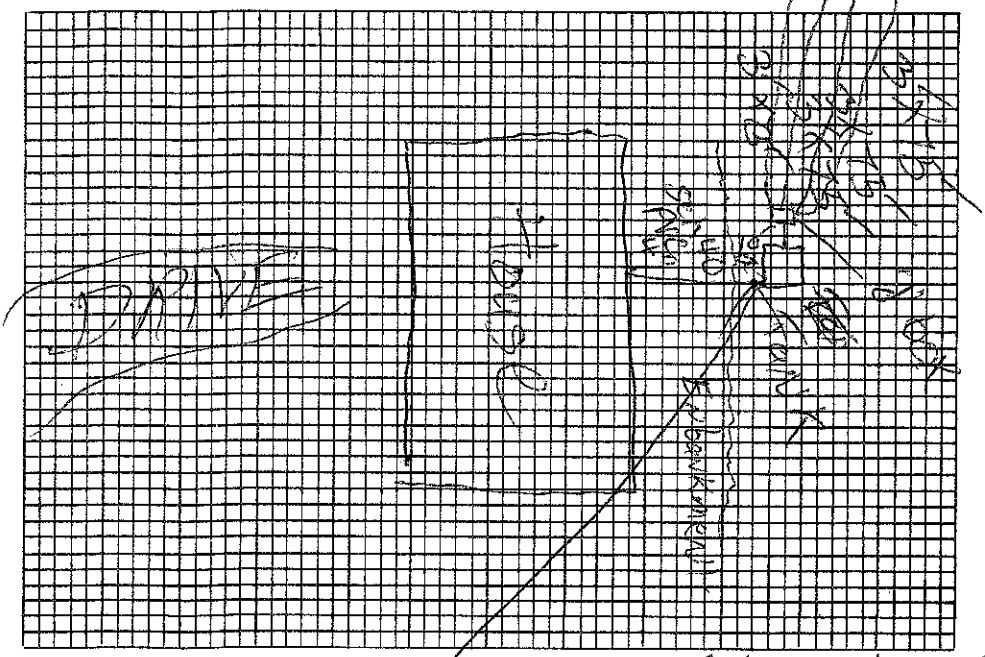
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate 0.4 gal/ft²/day
Topography 2-10% 4
Depth to Water Table _____
Rock or other impervious formations None obs

Lot Area 15.20 acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 300
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 John Doe

IMPROVEMENTS PERMIT BY Charles K. Bruner II

COMMENTS: keep system shallow and follow contour keep ditches depth 4-33

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