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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 Mickey Foskey DATE July 24, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E to 152 TR 1151 (Teeter Rd.) ~ 1 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 ( )

Lot Area ~2AC

Character & Porosity of Soil clay

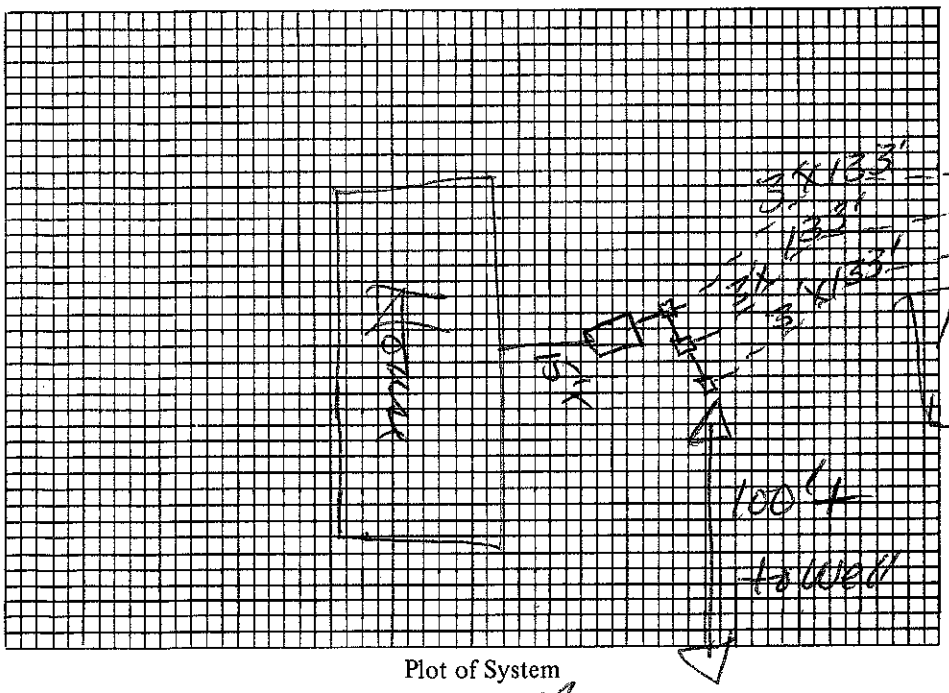
Percolation Rate no 3

Topography rolling

Depth to Water Table 44

Rock or other impervious formations more obs.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Repair Area

Installed by Albert Bostian

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Additional digging with backhoe indicated trench drain not needed and therefore eliminated. Provide good surface drainage around system.

CERTIFICATE OF COMPLETION BY _____ DATE 7-24-89

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

11-a 11:30

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 Mickey Foskey DATE 5-4-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E Bear Ct 152 TR 1151 (Teeter Rd) ~1/mile on left S. R. No. _____

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

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

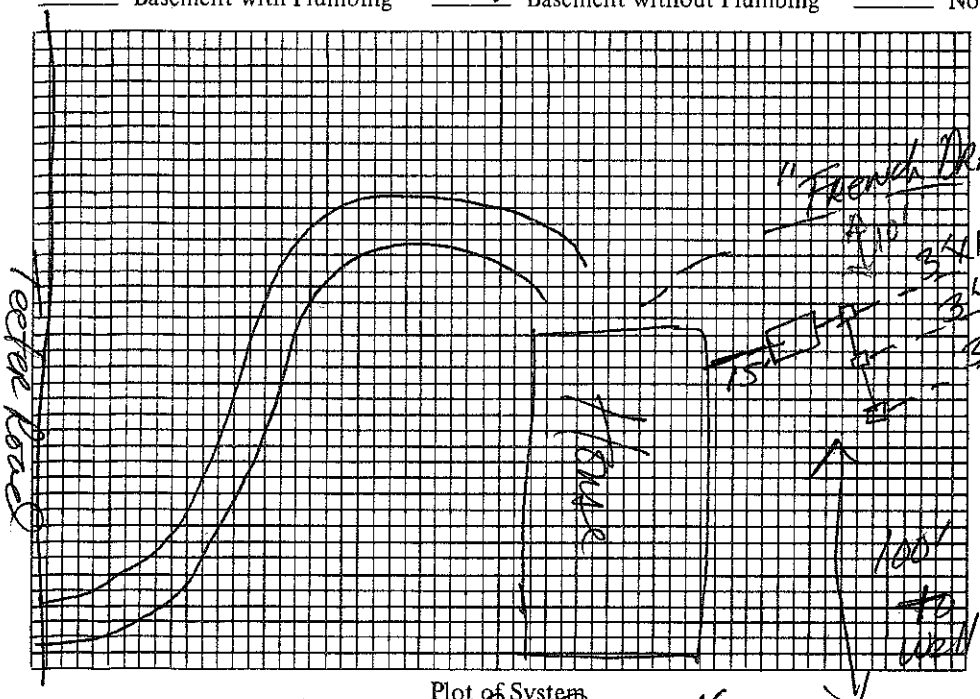
No. Bedrooms 3 No. Bathrooms 2

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 2.3
Topography 6-10%
Depth to Water Table with "French Drain 3'+
Rock or other impervious formations none obs.

Lot Area ~2Ac

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
Well next door

Installed by _____

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

Signed: Mickey Foskey

IMPROVEMENTS PERMIT BY Dick Hinson, RS.

COMMENTS: Drainfield must be installed shallow (12" cover). Install French Drain to intercept lateral water movement and take around system. Also use surface ditches to divert water.

CERTIFICATE OF COMPLETION BY _____ 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