IREDELL COUNTY HEALTH DEPARTMENT

Mrsvl. EH office

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

OWNER OR CONTRACTOR Mrs. Bobbi Hardison DATE 3/21/84 PERMIT NO. 73

PHONE: Business _____ Home _____

LOCATION 152 North TR 1154 ~0.6 mile on R on hill (brick house) S. R. No. _____

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

Site Address: 244 Alexander Acres Rd - Mrsvl.

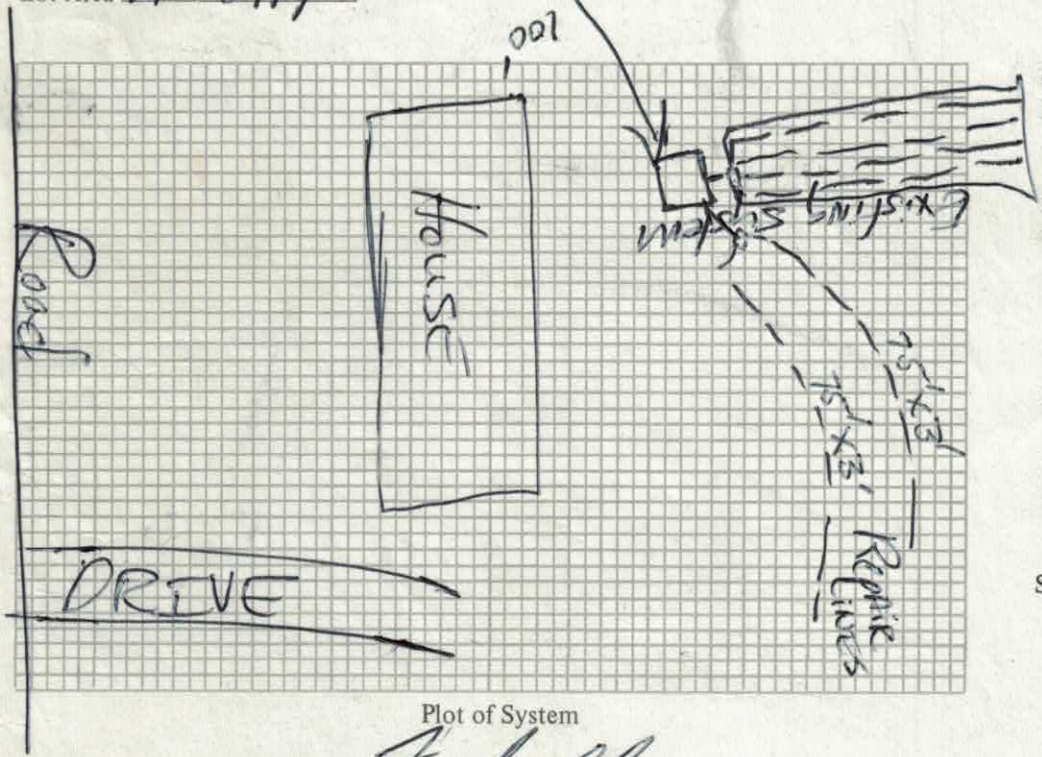
House (X) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 1 1/2

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

Lot Area Acreage

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



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 3/21/84

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

3.00

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 Bobby Hardison DATE 11-30-83 PERMIT NO. 232

PHONE: Business _____ Home _____

LOCATION 152 N, TR 1154 .6mile ONR onhill (Chuck House)

S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1

Character & Porosity of Soil _____

Garbage Disposal Unit Yes ( ) No (X)

Percolation Rate _____

Auto. Dishwasher Yes (X) No ( )

Topography Existing System

Auto. Wash. Machine Yes (X) No ( )

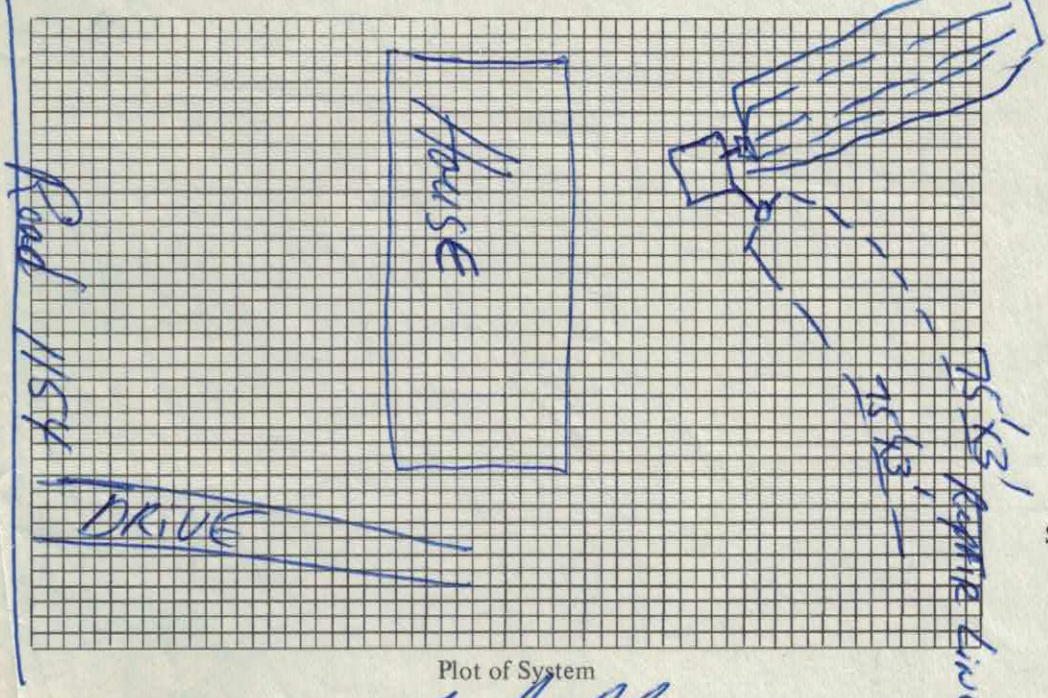
Depth to Water Table _____

Site Suitable Yes (X) No ( )

Rock or other impervious formations _____

Lot Area ACREAGE

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 450 Linear Ft. 150

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 Bobbie Hardison

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Pump out septic tank, find new lines 1st, Marked OUR MALfunctioning AREA

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