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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 Ed McCoy DATE Oct. 12, '88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 150 E. R just past Carrigan farms into Oakmeadow Sub. on Rt. near end S. R. No. ______

SUBDIVISION NAME Oak Meadow LOT NO. 18 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2½ + extra kitchen

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil clay

Percolation Rate ~.25-.3

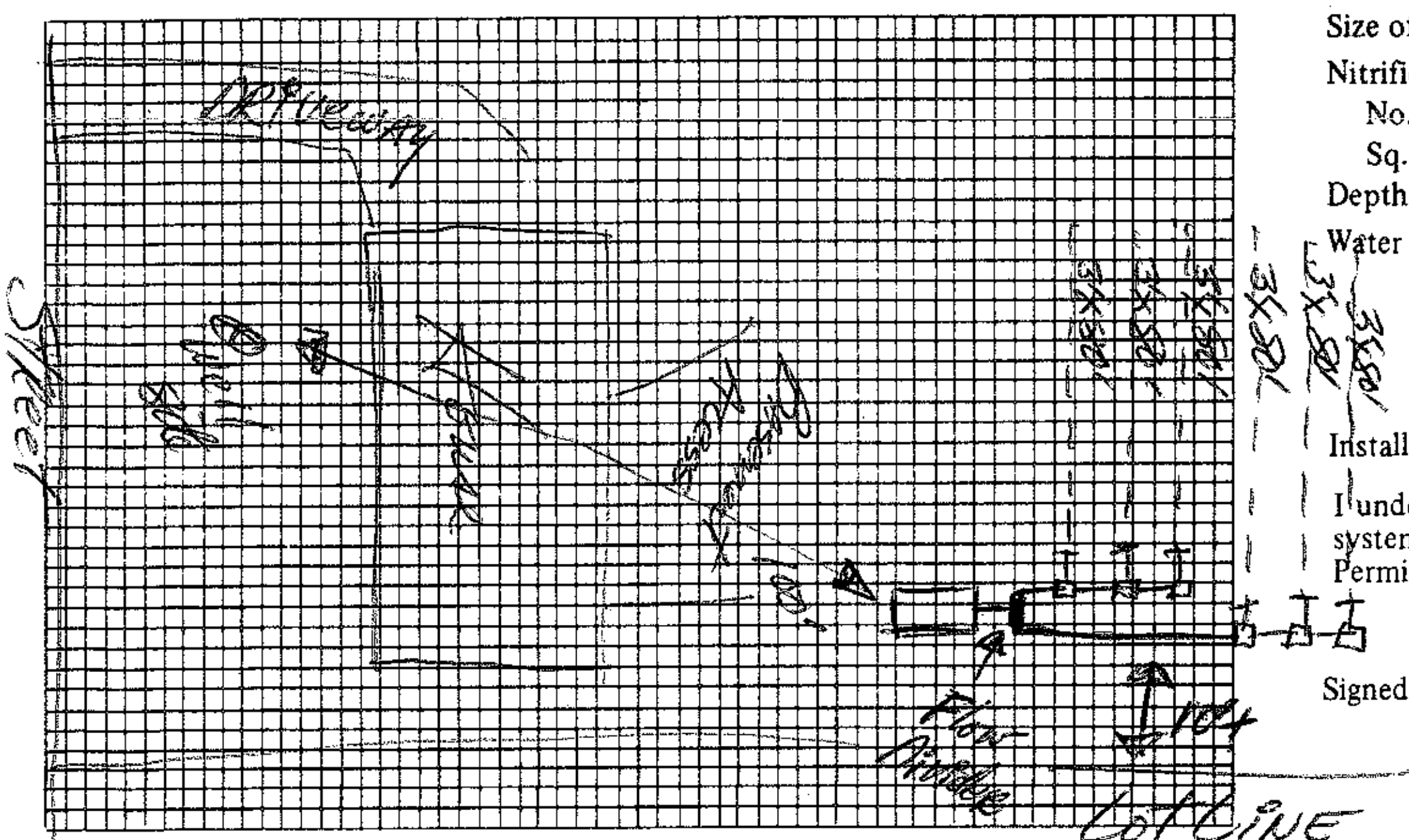
Topography 4%

Depth to Water Table 44

Rock or other impervious formations none obs.

Lot Area ~3Ac

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. 1440 Linear Ft. 480

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Tommy Frye

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

Signed: ______

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: ______

CERTIFICATE OF COMPLETION BY [signature], RS DATE 10-12-88

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

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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 Ed McCoy DATE Mar. 11, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E. to just past Carrigan Farms into Oakmeadow on Rt near end S. R. No. _____

SUBDIVISION NAME Oakmeadow LOT NO. 18 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½ (+extra kitchen)

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site ~~Suitable~~ AS. Yes (✓) No ( )

Lot Area ~3 AC

Character & Porosity of Soil shallow clay

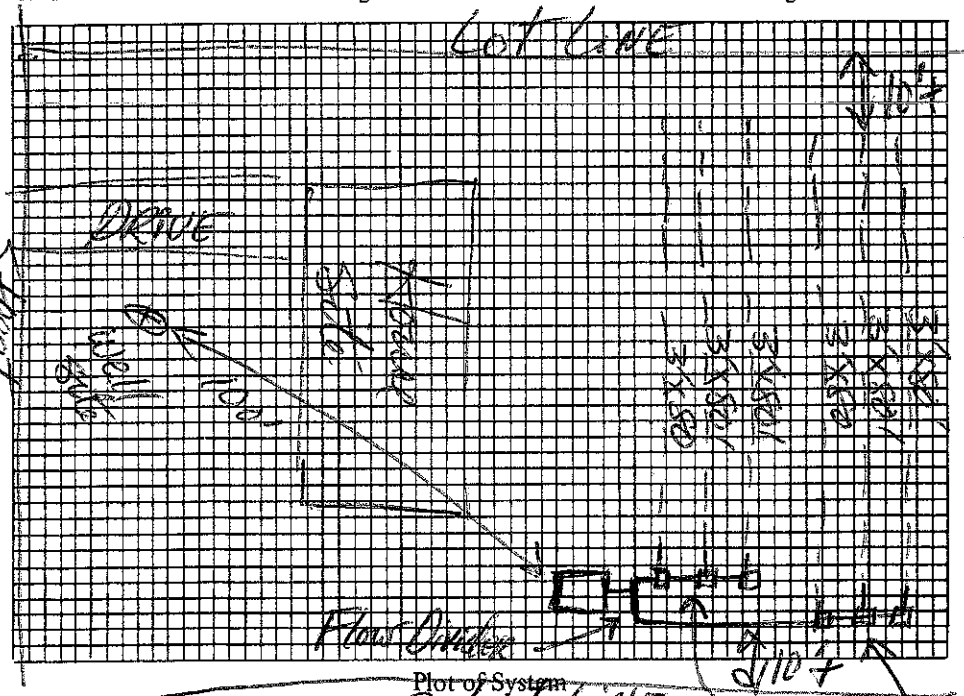
Percolation Rate 125-.3

Topography 4-8% 4/4

Depth to Water Table _____

Rock or other impervious formations some obs.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. 1440 Linear Ft. 480

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

100% Repair Area

Installed by _____

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

Signed: B. Daniel Hart

IMPROVEMENTS PERMIT BY R. Henson, EC. Drop Boxes

COMMENTS: Drainfield must be installed shallow (12" cover - 24" to bottom of ditch) and following contour. Split flow of effluent with flow divider; use 4" Sch 40 from flow divider to drop boxes.

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