4677 611021

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 Tommy Oliphant DATE 12/21/88 PERMIT NO. 22 A

PHONE: Business _____ Home _____

LOCATION N. Main St. TR Linwood TL Brumley X Creek On L. past log house S. R. No. _____

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

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

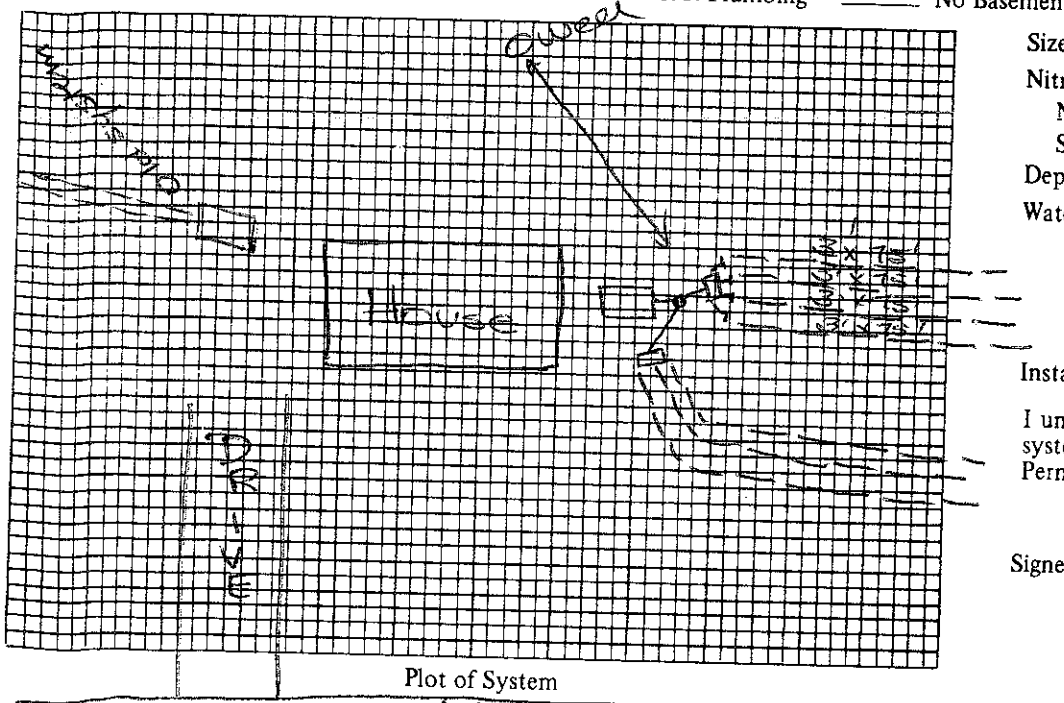
No. Bedrooms 3 No. Bathrooms _____

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

Character & Porosity of Soil Clayey
Percolation Rate .4 gpd/ft²
Topography Gds
Depth to Water Table 4'+
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 9'x100'
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY ACO

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C Pierce DATE 12/21/88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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 Tommy Oliphant DATE 11/28/88 ~~PERMIT NO.~~ 22A

PHONE: Business _____ Home _____

LOCATION N. Main st. TR Linwood TL Brumley X Creek On L. past log house S. R. No. _____

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

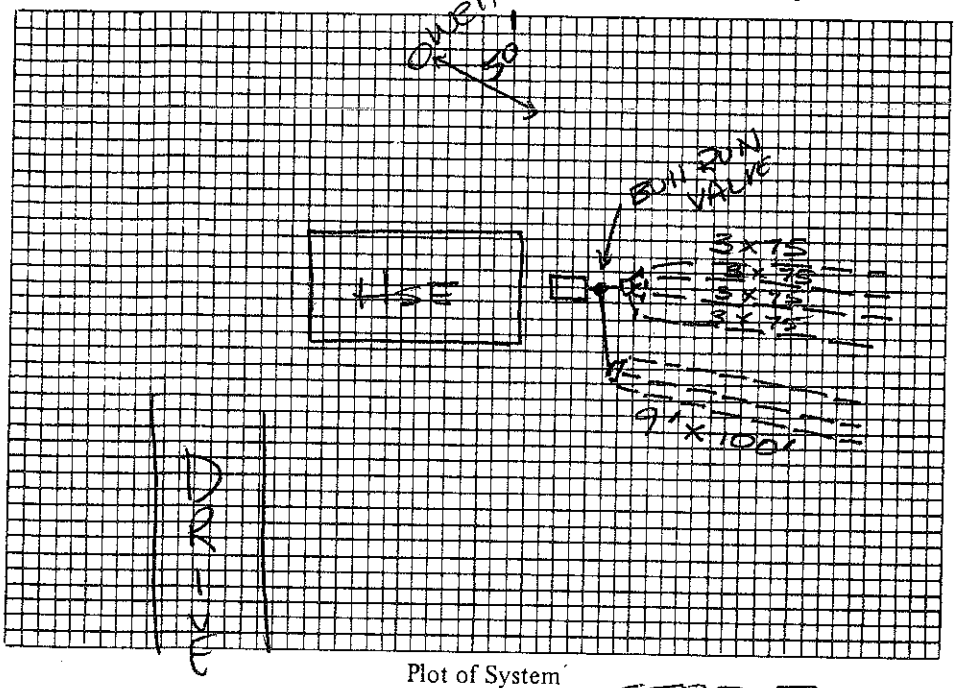
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6070
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	9'+
			Rock or other impervious formations	none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

STREET

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 3 (9'x100' BED)
Sq. Ft. 900 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: Tommy L Oliphant

IMPROVEMENTS PERMIT BY Andrew C. Green

COMMENTS: Minimum fall from VALVE to Trench. Ditch above new field should be repaired and water from house guttered off.

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