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 Barrett Mobile Home Trasport DATE 6-19-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E. on Rt just past jct w/ 152

S. R. No. _____

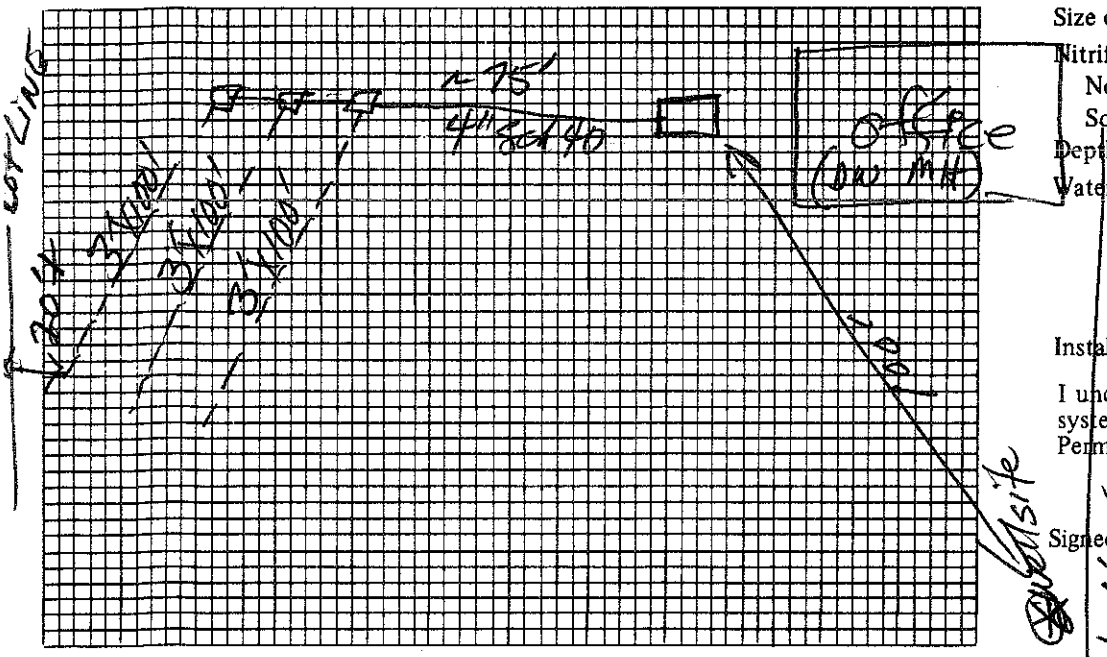
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (+) Other Office - 4 Employees

No. Bedrooms _____ No. Bathrooms 1-2
Garbage Disposal Unit Yes ( ) No (+)
Auto. Dishwasher Yes ( ) No (+)
Auto. Wash. Machine Yes ( ) No (+)
Site Suitable Yes (+) No ( )
Lot Area ~1 Ac

Character & Porosity of Soil ~clay
Percolation Rate ~3
Topography 2-6%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

_____ 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 Richard Abernathy

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

Signed _____

IMPROVEMENTS PERMIT BY DRH, ACP

COMMENTS: ⇐ Hwy 150 E

CERTIFICATE OF COMPLETION BY DR Hussin, R.S. DATE 6-19-87

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

6710

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 Barrett Mobile Home Transport DATE 6-3-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION North on Main St. T.L. 150 ½ mile on right.

_____ S. R. No. _____

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

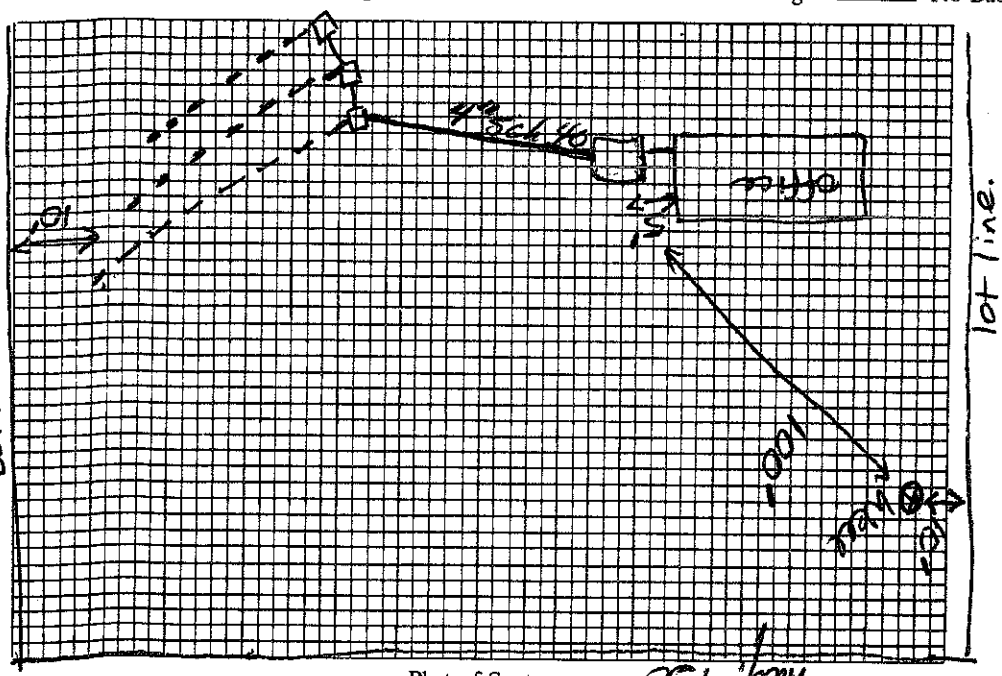
House ( ) Mobile Home ( ) Business (✓) Other Office 4-5 employees.

No. Bedrooms _____ No. Bathrooms 1-2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No (✓)
Site Suitable Yes (✓) No (~~✓~~)

Character & Porosity of Soil Clay (tight)
Percolation Rate .3
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2-3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12 inch.
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: W. L. Nokelman

IMPROVEMENTS PERMIT BY Andrea C. Pierce, D. R. Hanson, RS.

COMMENTS: Follow contor and install system at 30" depth to bottom of ditch. Use series of properly installed dropboxes.

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