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 Gary & JoAnn Chapman DATE Sept. 22, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E left at jct with 152 ~¼ mile TR dirt road ~500' on left ~200'± off road S. R. No. _____

SUBDIVISION NAME Laurel Hills LOT NO. 18 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area ~5 Ac

Character & Porosity of Soil shallow clay

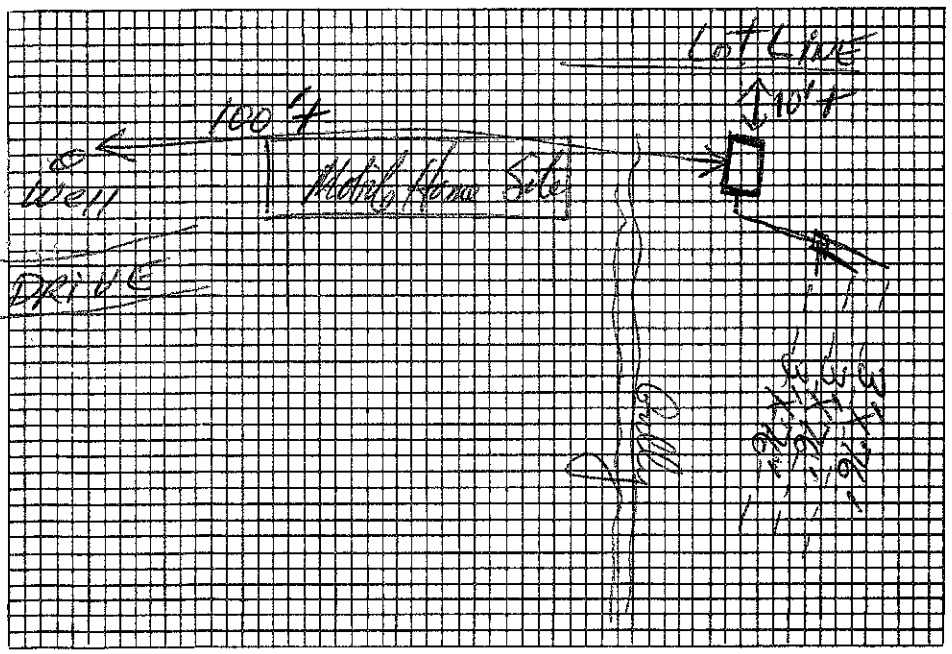
Percolation Rate 2,35

Topography 2-6%

Depth to Water Table 3'+

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. 686 Linear Ft. 229

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 DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DR Hinson, R.S. DATE Sept 22, 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

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 Gary & JoAnn Chapman DATE 5-5-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E Left where 152 splits off ¼-½ mile TL dirt rd. ~500' on left 300'+ off road S. R. No. _____

SUBDIVISION NAME Laurel Hills LOT NO. 18 SECTION OR BLOCK NO. _____

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

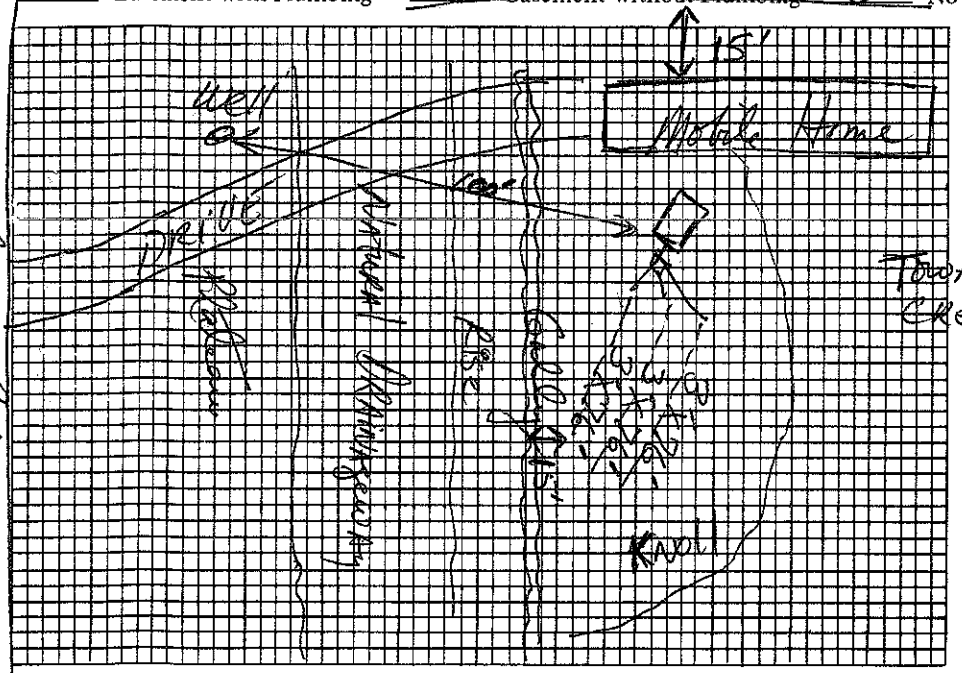
No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil shallow clay
Percolation Rate 2-35
Topography 2-6%
Depth to Water Table 3' (area of drainfield)
Rock or other impervious formations none obs.

Lot Area 5 AC

_____ Basement with Plumbing ~~Basement without Plumbing~~ Lot Line ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 686 Linear Ft. 229
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: JoAnn Chapman

IMPROVEMENTS PERMIT BY David R. Hunsucker, R.S.

COMMENTS: System must be installed shallow (MAX 12" cover over lines) follow contour in area where drainfield is to be.

Check with Health Dept. before installing system to verify location of installation

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