4686046087

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 Effie Overcash DATE Jan 7 1987 PERMIT NO. 13

PHONE: Business _____ Home _____

LOCATION 150 E. Bear Rt on 152 Enter Rowan Co. TR 1st Rd Shinn Rd. Re-enter Iredell Co. behind 1st Truck barn on Rt. S. R. No. _____

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

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

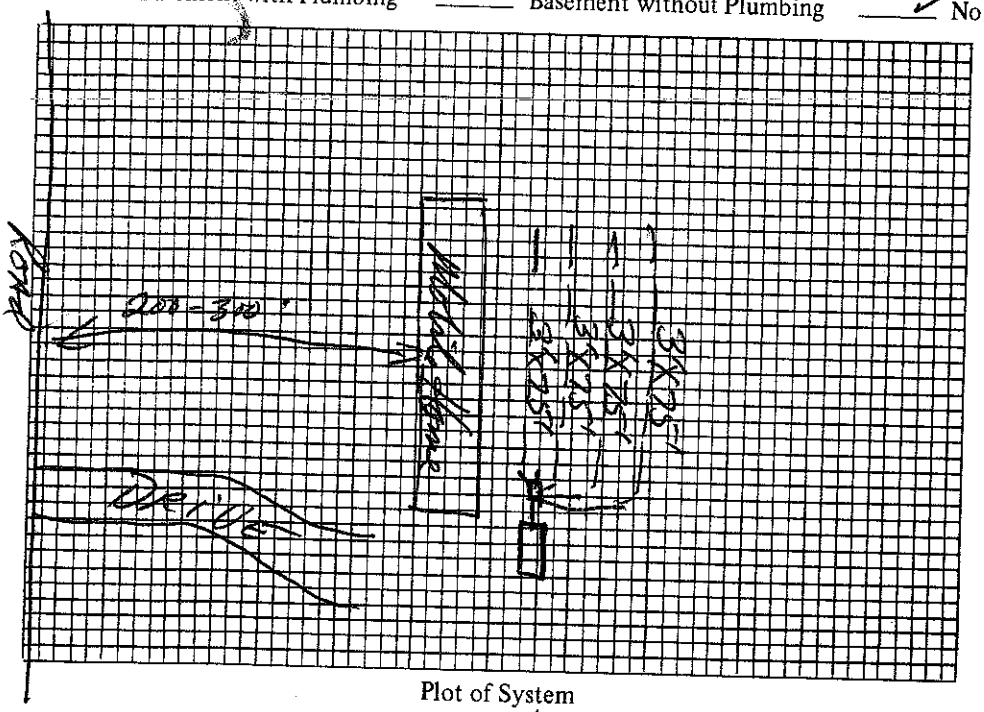
No. Bedrooms 3 No. Bathrooms 2

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

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

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Delbert Bortian

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 D R Henson, RS. DATE Jan 7, 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 Effie Overcash DATE 12-4-86 PERMIT NO. 470

PHONE: Business _____ Home _____

LOCATION 152 E Enter Rowan Co. TR 1st Rd (#1358 - Shinn Rd.) After Reentering Iredell Co. ¼ mile on Rt. S. R. No. _____

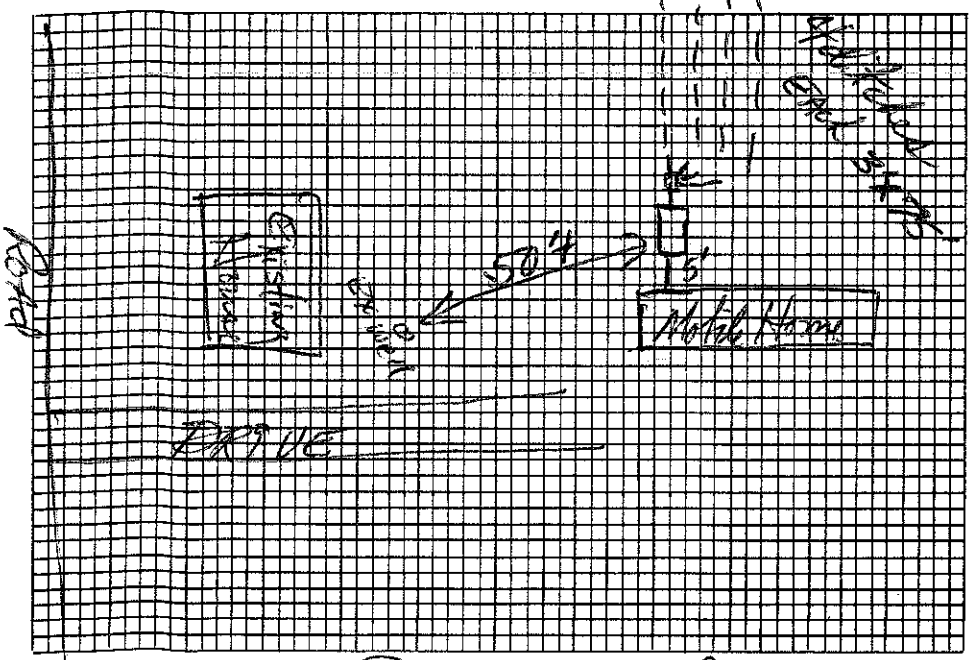
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	2	Character & Porosity of Soil	clay
Garbage Disposal Unit	Yes ( )	No	(✓)	Percolation Rate	4 14
Auto. Dishwasher	Yes ( )	No	(✓)	Topography	6 2 4
Auto. Wash. Machine	Yes (✓)	No	( )	Depth to Water Table	
Site Suitable	Yes (✓)	No	( )	Rock or other impervious formations	none obs.

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Well behind Ex. house

Installed by _____

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

~~X~~Signed: Effie mae Overcash

IMPROVEMENTS PERMIT BY David R. Howard

COMMENTS: _____

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

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 Effie Overcash DATE 11-4-86 PERMIT NO. 455

PHONE: Business _____ Home _____

LOCATION 152 E. Shinn Rd (#1358 - Rowan Co.) pavement changes to dirt at Cabarrus Co. (#1143) Behind Fire Truck House on Rt after crossing into S. R. No. _____

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

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

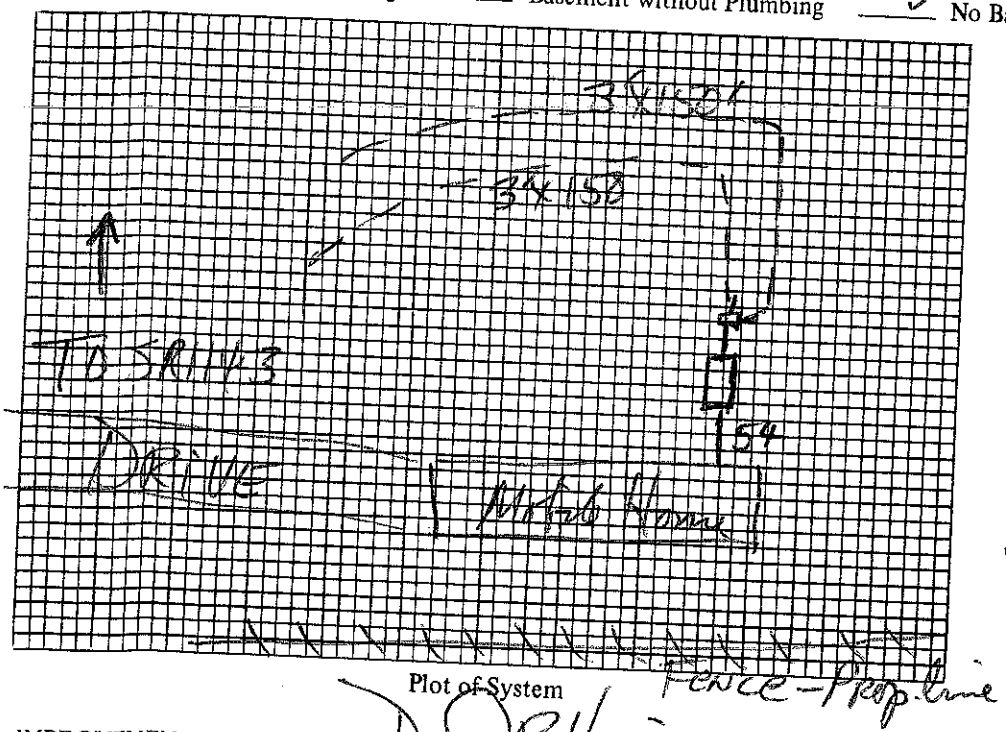
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 4
Topography 2%
Depth to Water Table 44
Rock or other impervious formations none obs.

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )
Well at home

Installed by _____

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

Signed: Effie Overcash

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

COMMENTS: Keep system shallow

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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