IREDELL COUNTY HEALTH DEPARTMENT 4740224452

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Alice Forman DATE 7-24-86 PERMIT NO. 427

PHONE: Business ______ Home ______

LOCATION 21-115 N. TL 1312 TL 1314 ~1½ miles on left

______ S. R. No. ______

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

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

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil clay class IV

Percolation Rate .35 Applicable

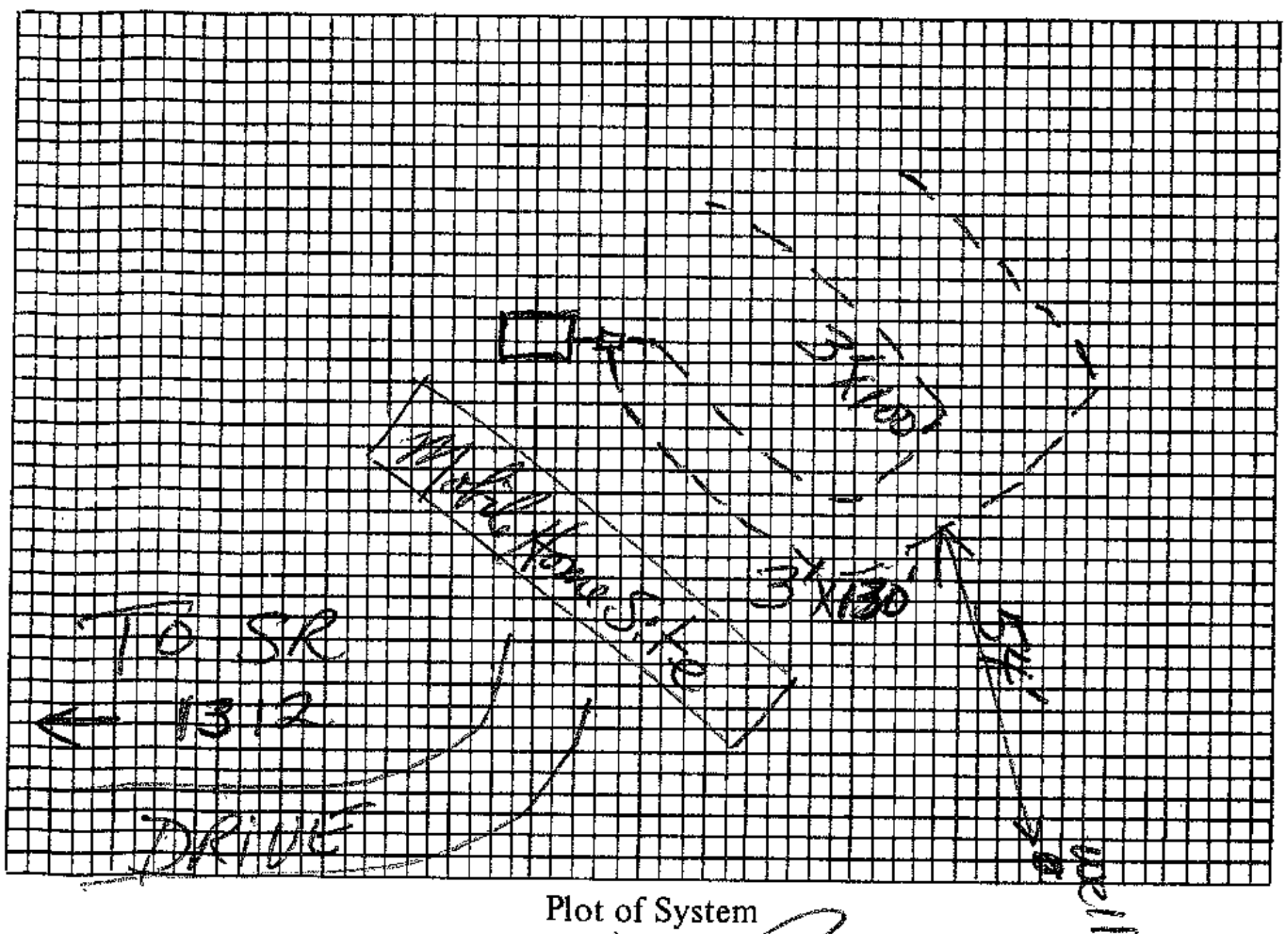
Topography 6-8%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area 20+ Acres

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 690 Linear Ft. 230

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Sigmon

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

Signed: ______

IMPROVEMENTS PERMIT BY Terry Pierce

COMMENTS: Septic tank had numerous shallow cracks on top.

CERTIFICATE OF COMPLETION BY David R. Hinson, R.S. DATE 7-24-86

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

10:30-11:00

IREDELL COUNTY HEALTH DEPARTMENT

05070

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Alice Forman DATE 07-17-86 PERMIT NO. 319

PHONE: Business _____ Home _____

LOCATION 21 N from Mesul, T.L. Flower House Loop, T.L. Clontz Hill Rd go ≈ 1.5 mile, Mobile home on Left, Big oak trees in yard S. R. No. _____

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

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

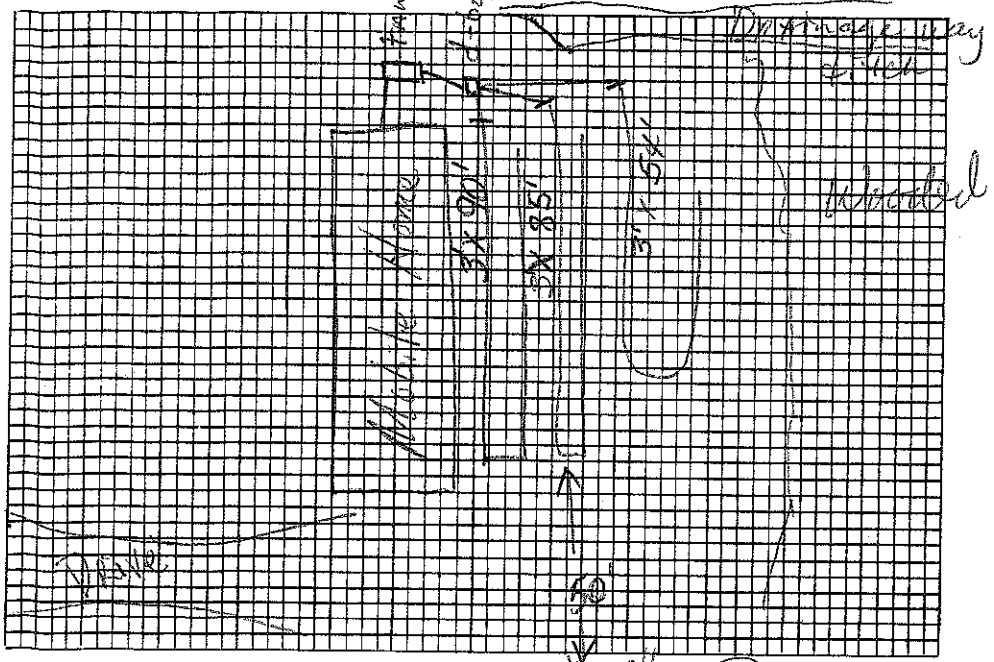
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil Prov suitable
Percolation Rate 0.35 gal/ft²/day
Topography 2-10% slope
Depth to Water Table 10'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing √ No Basement



Plot of System & well

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 636 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: Alice L. Forman

IMPROVEMENTS PERMIT BY Jerry L Pierce

COMMENTS: Keep lines as shallow as possible. Stay 50' from well

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