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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 William H. Green DATE 4-30-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-21 N TL 1312 (Flower House Lp) TL 1316 (Apple Acres Rd) near end of pavement on Rt. S. R. No. _____

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

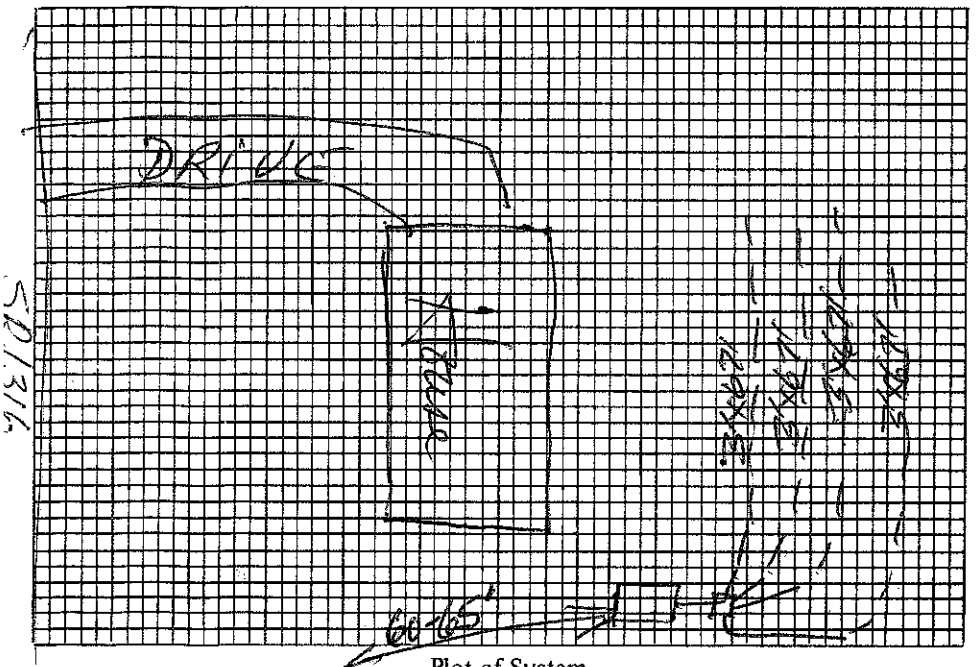
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2, 3	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-8% complex	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'	
			Rock or other impervious formations	none obs	

Lot Area 2.5 Ac

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 800 Linear Ft. 267
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Paul Faye

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles R. Hinson R.S. DATE 4-30-87

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

after 3:30

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 William G. Green DATE 7-28-86 PERMIT NO. 337

PHONE: Business ____ Home ____

LOCATION 115-21N TL 1312 TL 1316 near end of pavement on Rt ____ S. R. No. ____

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

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

No. Bedrooms 2 No. Bathrooms 3

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 silty clay

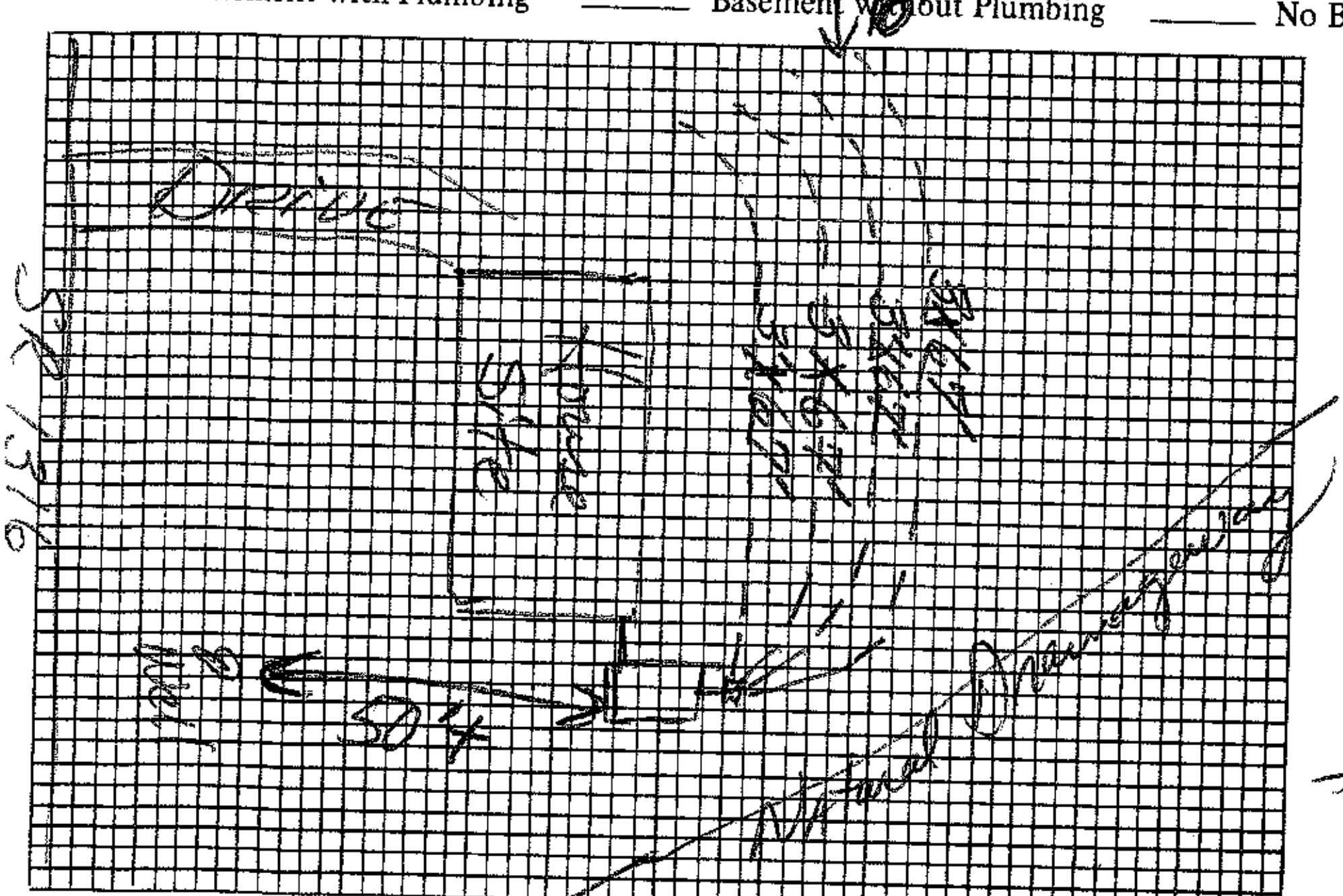
Percolation Rate ~3 appr. rate

Topography Complex ~8-10%

Depth to Water Table 4'+

Rock or other impervious formations some scattered rock

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 800 Linear Ft. 267

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: B. Darrell Nantz

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

COMMENTS: Install drainfield no deeper than 24" and run on contour of slope

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