IREDELL COUNTY HEALTH DEPARTMENT 4740125 78

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

OWNER OR CONTRACTOR Flemming E. Hager DATE 11-21-86 PERMIT NO. 607

PHONE: Business _____ Home _____

LOCATION 115-21 N TR 1312 (Hower House Lp) TR 1313 (Carlyle [redacted])
200 yds on Rt

S. R. No. _____

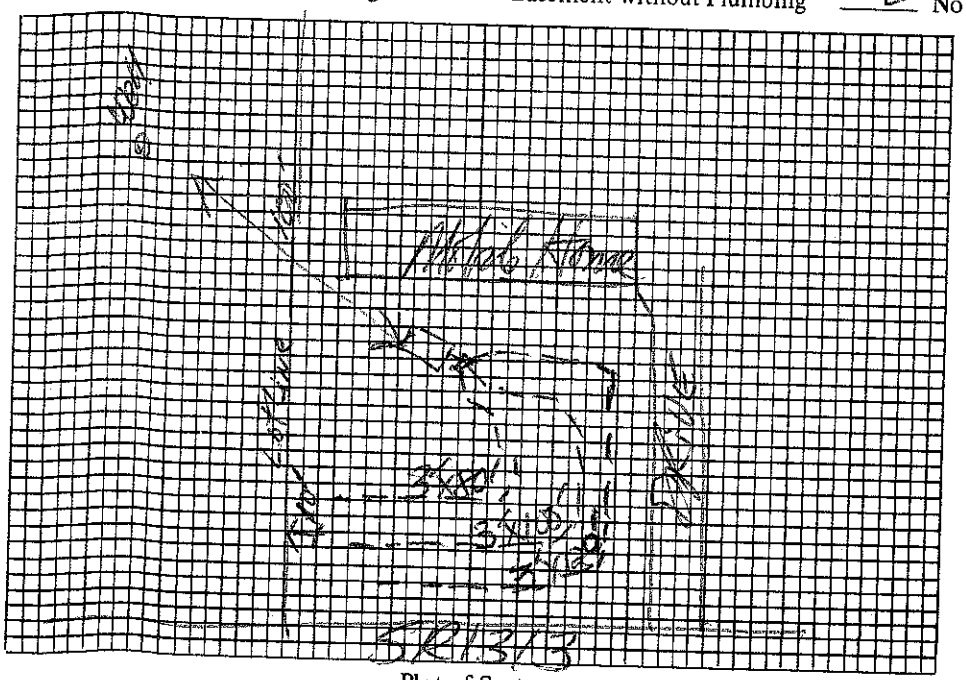
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Lg	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	44	
Lot Area 20000ft2			Rock or other impervious formations	none to -	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 90 Linear Ft. 300
Depth of Stone in Lines 24

Water Supply: Individual (✓)
Public ( )

Well next door

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature], RS DATE 11-21-86

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

1630

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 Fleming E. Hagen DATE 10-28-86 PERMIT NO. 422

PHONE: Business _____ Home _____

LOCATION US-21 N. TL 312 (Flower House) TL 313 (Carlyle) ≈ 200 yds on Rt

SUBDIVISION NAME _____ LOT NO. _____ S. R. 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 ( )

Lot Area 20000 ft2

Character & Porosity of Soil clay

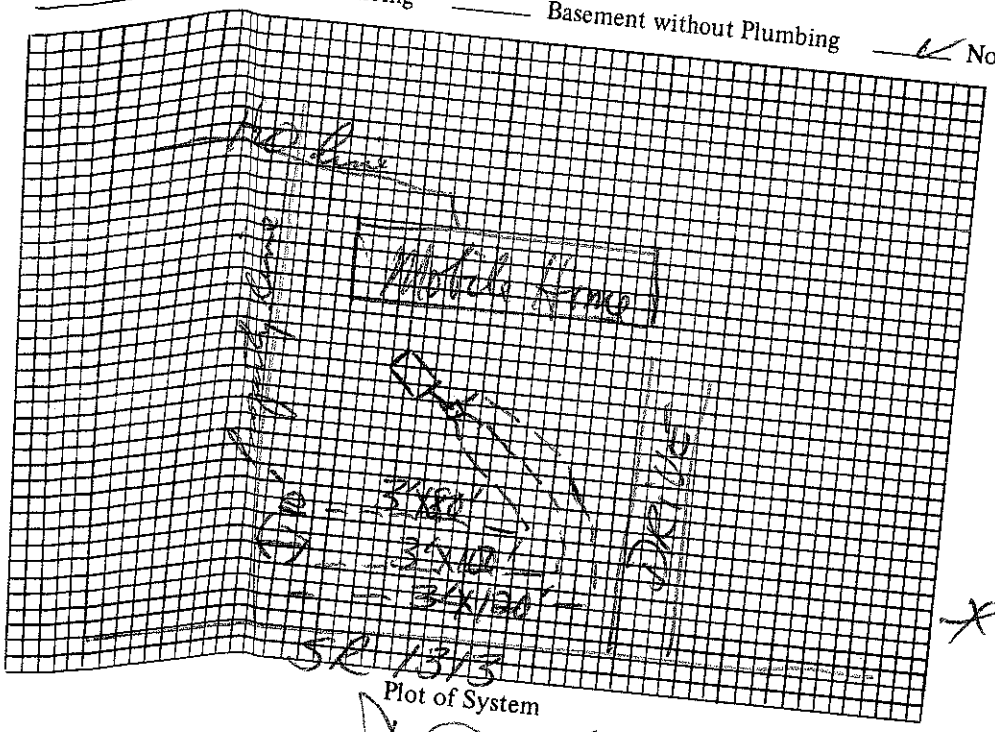
Percolation Rate 4

Topography 2-4%

Depth to Water Table 41+

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 ( )

Well on Lot

Installed by _____

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

X Signed: Fleming Hagen

IMPROVEMENTS PERMIT BY Jane R. Hunsucker, REHS

COMMENTS: Rebuild of permit issued 10-7-86. Keep tank and lines additional 12-18" cover over drainfield.

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

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 Henry E. Hyatt DATE 10-7-86 PERMIT NO. 422

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 1312 (Horsehead) TR 1313 (Curlyleaf) ~200 yds on Rt.

SUBDIVISION NAME _____ S. R. No. _____

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 ( )

Lot Area 20000 sq ft

Character & Porosity of Soil clay

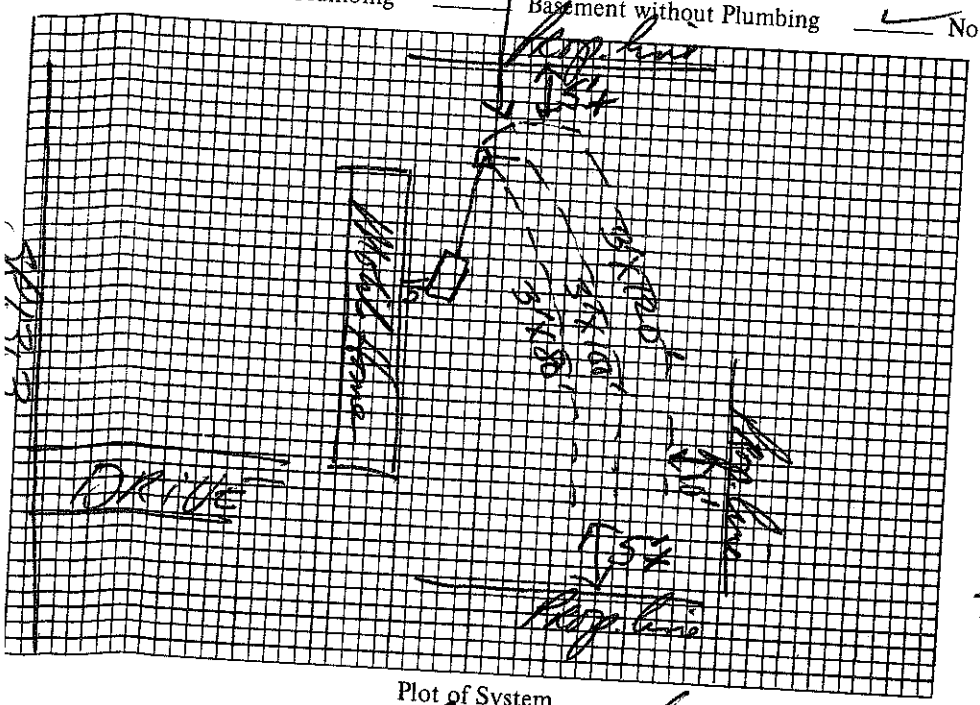
Percolation Rate 4-6 9

Topography 4

Depth to Water Table 4'7

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 ( )

Well next door

Installed by _____

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

Signed: Henry E. Hyatt

IMPROVEMENTS PERMIT BY Mark R. Thomas REHS

COMMENTS: Keep drainfield shallow (12" cover)

CERTIFICATE OF COMPLETION BY _____

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