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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 David Bass DATE 4-18-85 PERMIT NO. 154

PHONE: Business _____ Home _____

LOCATION 1001 (Overcash Rd) SR 2378 SR 2377 (Kendall) 600 FT on left S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil _____

Percolation Rate _____

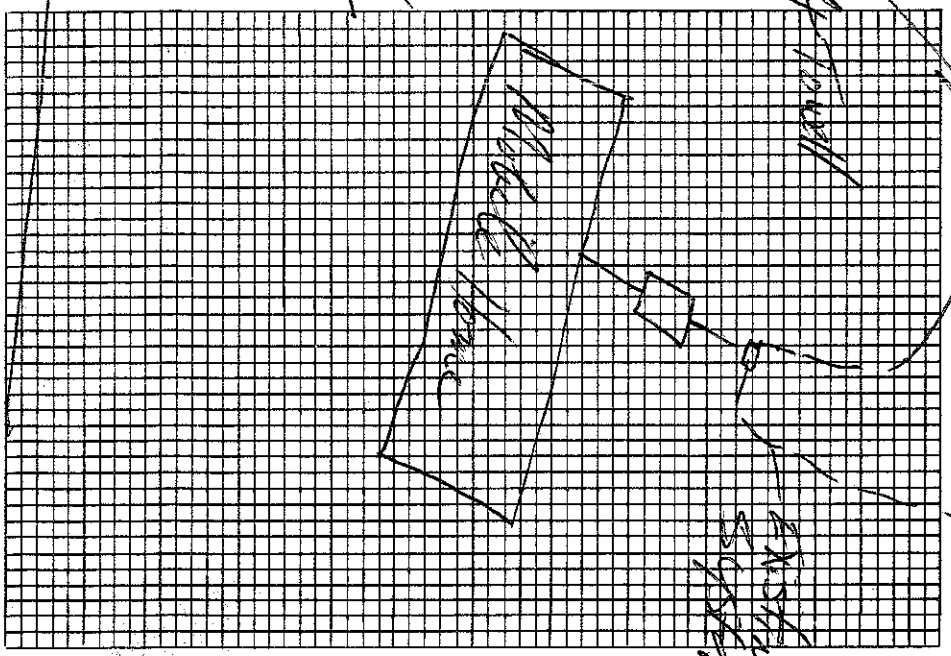
Topography EXISTING System

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area EXISTING

_____ Basement with Plumbing (X) _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING 1000 Gals.

Nitrification Field: EXISTING

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12

Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

System checked by Terry Pierce 9-28-82

IMPROVEMENTS PERMIT BY D C Moore

COMMENTS: Existing System working OK At date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 4-18-85

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 Paul Lipe DATE 09-28-82 PERMIT NO. 301

PHONE: Business _____ Home _____

LOCATION Road 1001, ~~Road~~ SR#2378, Turn TR on SR#2377, mobile Home 600' on left S. R. No. 2377

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

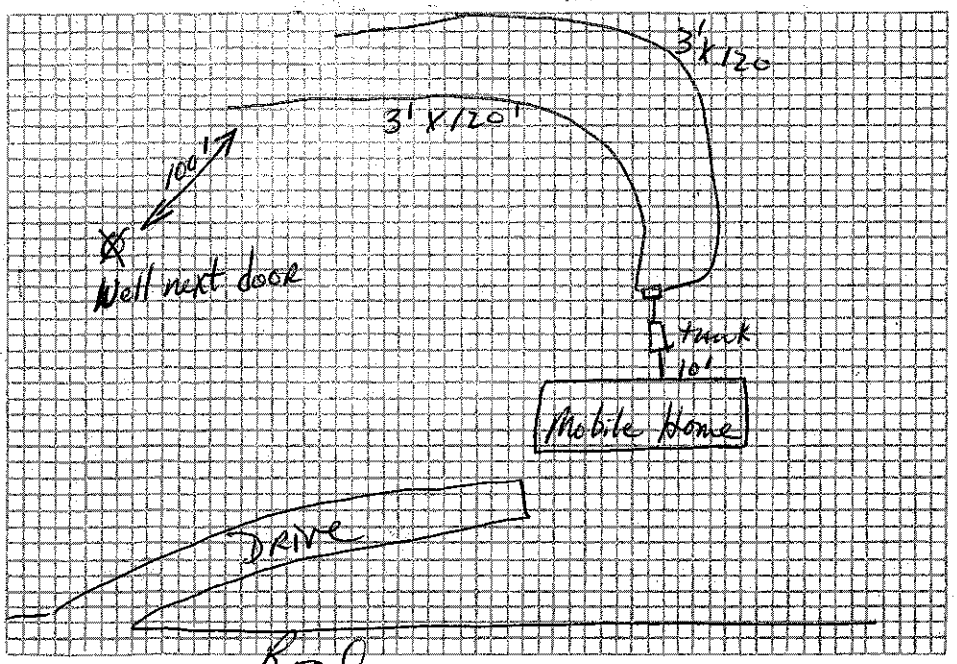
House ( ) Mobile Home (✓) Business ( ) Other _____

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 Cecil Clay
Percolation Rate 0.5 gal/ft²/day
Topography 2-6% slope
Depth to Water Table 10'+
Rock or other impervious formations None

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. 720 Linear Ft. 240
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: _____

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Jerry L Moore DATE 09-28-82

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 Paul Lipe DATE 9-15-82 PERMIT NO. 178

PHONE: Business _____ Home _____

LOCATION Road 1001 Turn on Rd 2378 Then Turn on 2378 600' on left. S. R. No. _____

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

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

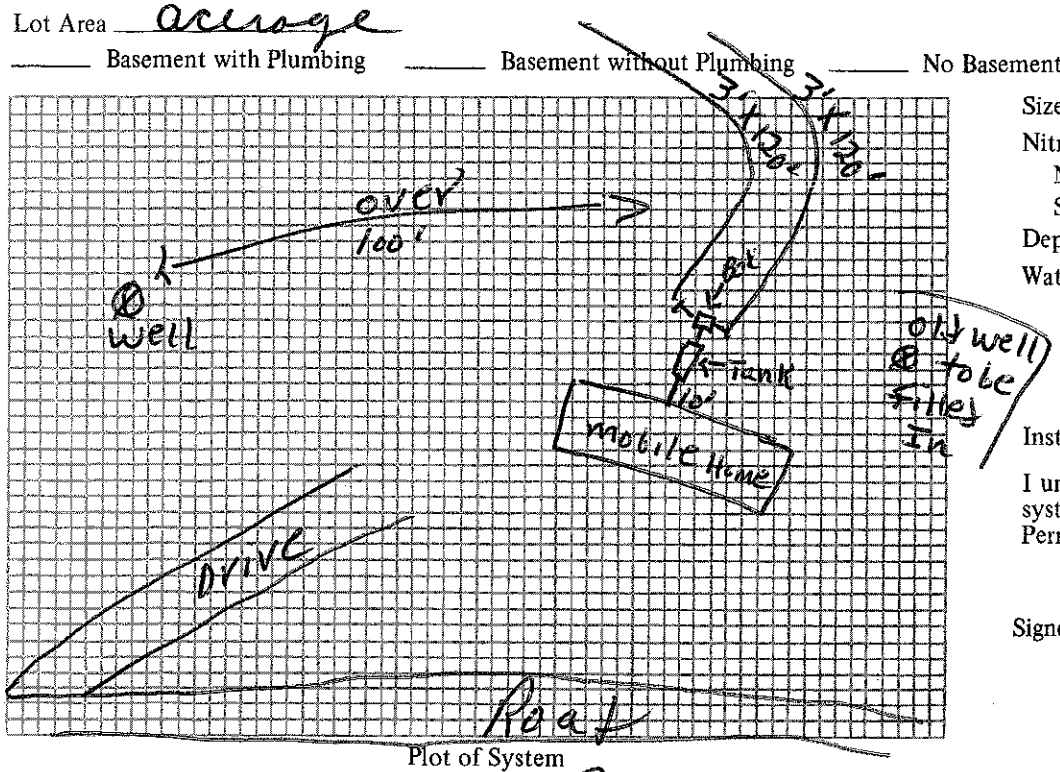
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil Cecil Clay
Percolation Rate .5 gal/ss' 1 day
Topography 2 to 6 %
Depth to Water Table 10'+
Rock or other impervious formations none

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. 720 Linear Ft. 240
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: X Paul T. Lipe

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: use PVC Sch 40 pipe between Tank & Box & between box & lines.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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