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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 Michael Davis DATE 4-19-85 PERMIT NO. 172

PHONE: Business _____ Home _____

LOCATION 115-24 North TR 2383 TL 2379
Weathers Creek Road 1/2 Mile ONR S. R. No. _____

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

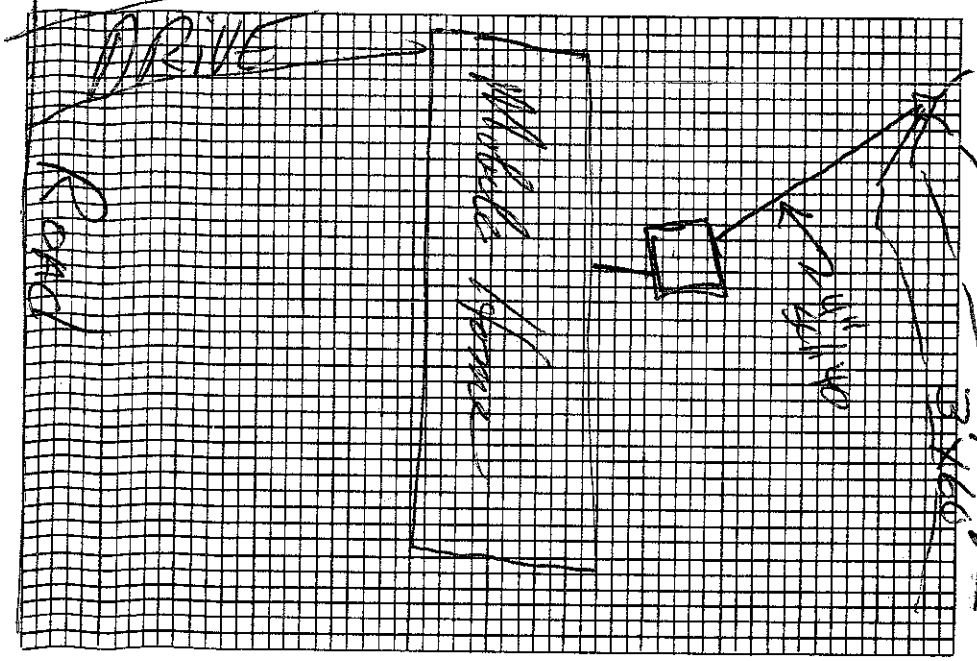
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft²/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-8%	4
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
			Rock or other impervious formations	NONE OBS	

Lot Area 20,000

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )
Well Next door

Installed by Wm Culbertson

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 4-19-85

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) 113

OWNER OR CONTRACTOR Michael Davis DATE 4-12-85 PERMIT NO. ~~114~~

PHONE: Business ______ Home ______

LOCATION 115-21 North, SR 2383, SR 2379 (Weathers Creek Road) 1 1/2 mile on R S. R. No. ______

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

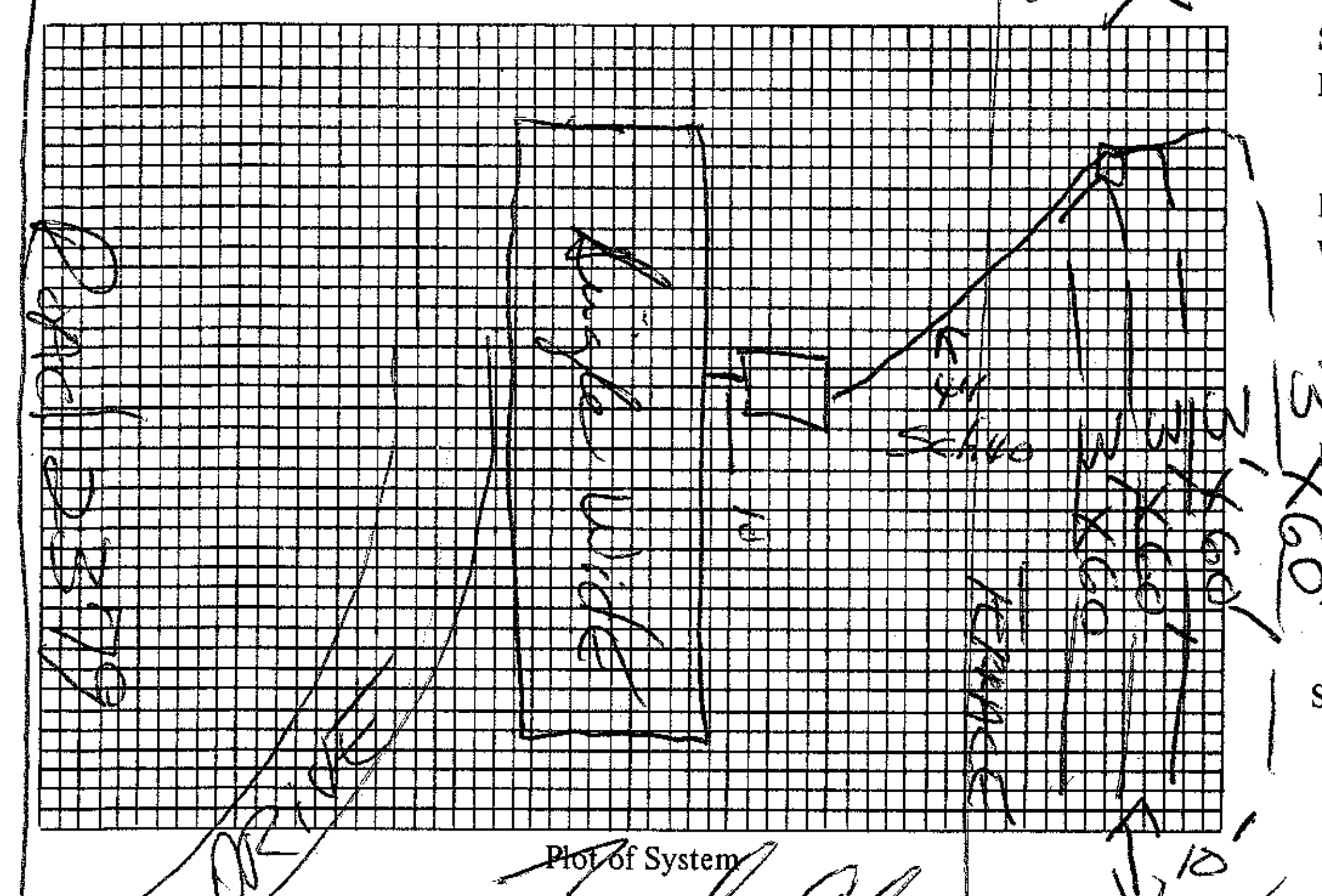
House ( ) Mobile Home (X) Business ( ) Other ______

No. Bedrooms 3 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 ( )
Lot Area 8 ACRES

Character & Porosity of Soil Clay
Percolation Rate 0.5 gal/ft²/day
Topography 2-8%
Depth to Water Table 4'
Rock or other impervious formations NONE obs.

______ Basement with Plumbing ______ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 4
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

WELL NEXT DOOR

Installed by ______

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

Signed: X Laura Davis

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow, follow contours

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