4760193048

P.D. 07341

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 VIRGINIA BRANDON DATE 9-3-87 PERMIT NO.

PHONE: Business Home

LOCATION 115 N TR Shinnville Rd. T@L Shinn's Store on Weathers Creek Rd. Go through "South Iredell" Community T.R. on Hanford #2381. At END. S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

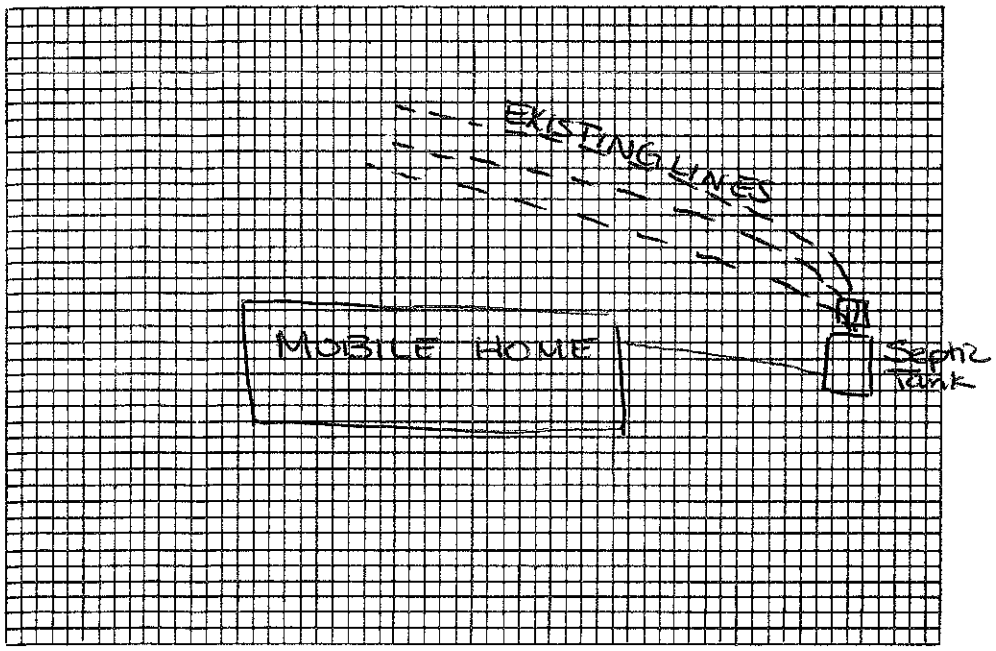
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil existing
Percolation Rate
Topography
Depth to Water Table
Rock or other impervious formations

Lot Area .50 Acre

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System N.T.S.

Size of Tank existing Gals.
Nitrification Field:
No. of Lines
Sq. Ft. Linear Ft.
Depth of Stone in Lines
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

COMMENTS: No sign of sewage effluent seen at time of inspection.

(Installed ~1979 ~1980.) according to homeowner. [See enclosed completion WRITTEN @ OFFICE

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: André C. Piner DATE 9-3-87

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 Virginia Brandon DATE 11/21/79 PERMIT NO. 402

PHONE: Business _____ Home _____

LOCATION 115 N Thon 2383 N on 2379 R on 2381 at end on Rt. S. R. No. _____

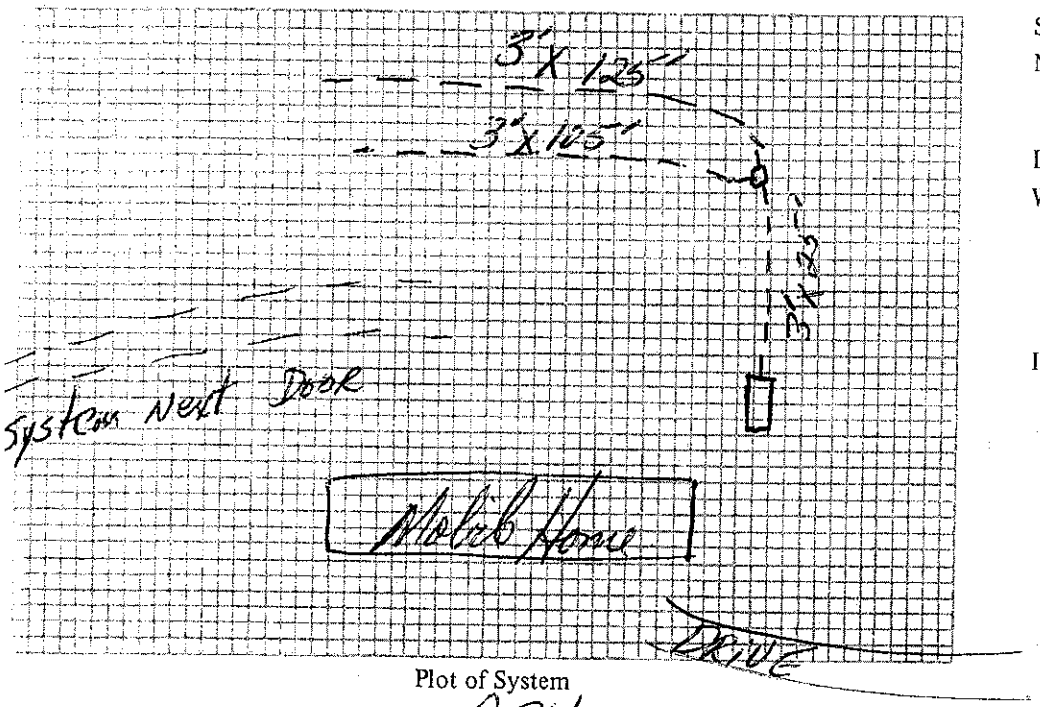
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 2 1/2 Ac

Character & Porosity of Soil clay loam
Percolation Rate 30 min/in
Topography 2-4%
Depth to Water Table sink.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )
Wellnext Door
Installed by William Culbertson

IMPROVEMENTS PERMIT BY IDCH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Alice O. Hanson DATE 11-21-79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold