4770 07 1925

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 Jerry R. Overcash DATE 3/24/88 PERMIT NO. _____

PHONE: Business _____ Home 663-3761

LOCATION 21-115N TR Shinnville Pass Store and cross Creek. On left 2mi past store S. R. No. _____

SUBDIVISION NAME Jerry R. Overcash LOT NO. 2 SECTION OR BLOCK NO. _____

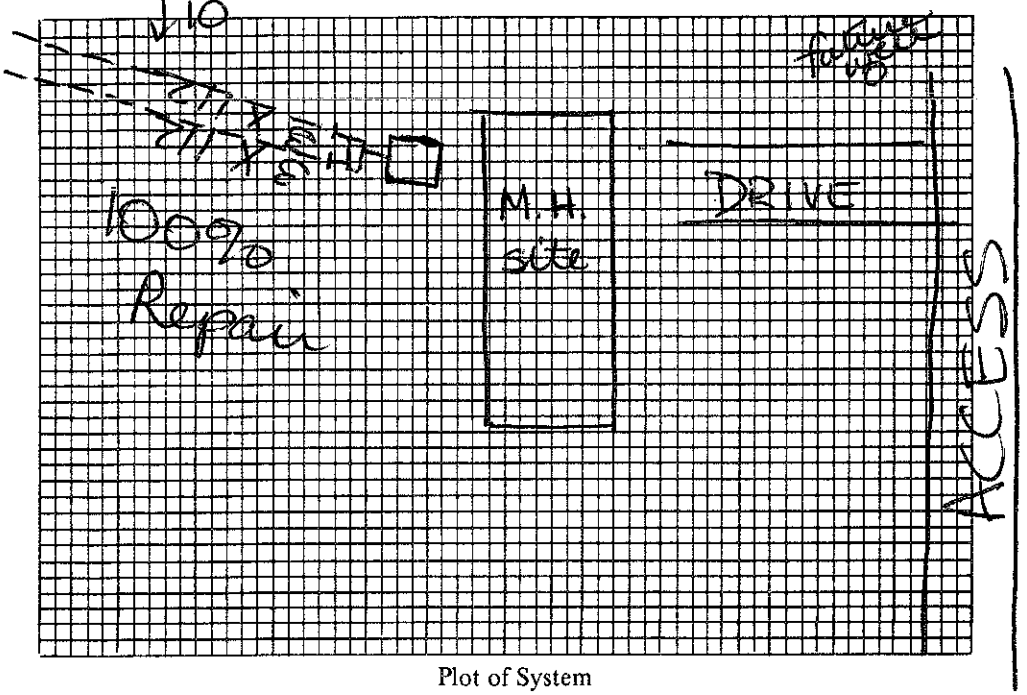
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey (Shallow)
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~ .35 gpd 1/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	NONE OBS.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 672 Linear Ft. 224
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by Tim SMITH

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 3/24/88

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

8034

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 JERRY R. OVERCASH DATE 3/14/88 PERMIT NO. _____

PHONE: Business _____ Home 663-3761

LOCATION 21-115 N TR Shinnville Rd. Pass Store and Cross Creek On left 2 mi past Store. S. R. No. _____

SUBDIVISION NAME Jerry R Overcash LOT NO. 2 SECTION OR BLOCK NO. _____

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

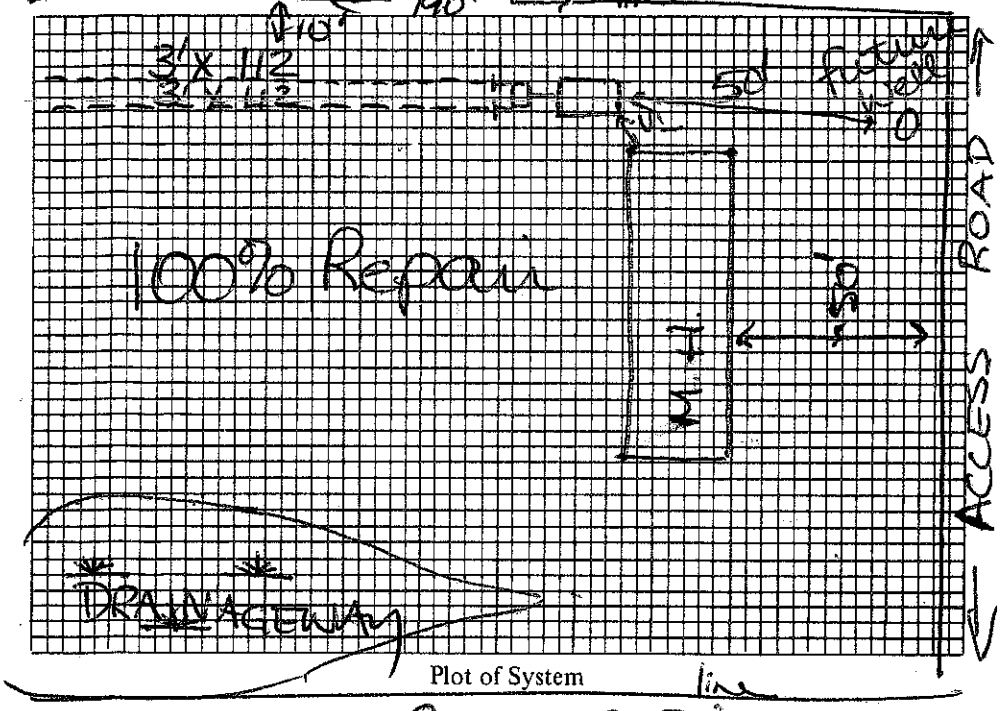
No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil Clayey (Shallow)
Percolation Rate ~.35 gpd/ft²
Topography 2% ±
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 22,799

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 672 Linear Ft. ~~275~~ 224
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: X Jerry Overcash

IMPROVEMENTS PERMIT BY Andie C. Pence

COMMENTS: Run lines shallow (30") and on contour. CONSISTENT COVER.

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