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 Farmers Cafe DATE 6-11-82 PERMIT NO _____

PHONE Business _____ Home _____

LOCATION Union Grove - Corner from Union Grove Vol. Fire Dept.

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO _____ SECTION OR BLOCK NO _____

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

No. Bedrooms _____ No. Bathrooms 2 Character & Porosity of Soil Clay

Garbage Disposal Unit Yes ( ) No ( ) Percolation Rate 24 MPI on 1st Hole

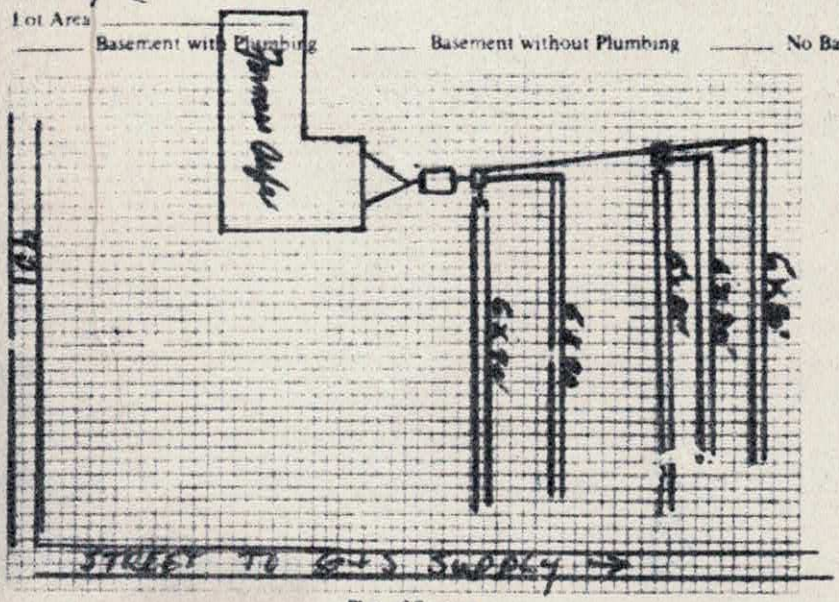
Auto. Dishwasher Yes ( ) No ( ) Topography 2-6% Slope

Auto. Washing Machine Yes ( ) No ( ) Depth to Water Table 18"

Site Suitable Yes ( ) No ( ) Rock or other impervious formations None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals

Nitrification Field

No. of Lines 10

Sq. Ft. 2334 Linear Ft 778

Depth of Stone in Lines 16"

Water Supply: Individual (—)

Public (—)

Installed by James Hartness

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

Signed _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Septic Tank System Designed and Completed 5/28/82
& Sys. System Completed 6/11/82 Designed for 600 Gal Restaurant

CERTIFICATE OF COMPLETION BY Glenn Tolly 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 the 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 Jerome Cafe DATE 6-25-80 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION Mocks Grove - Across from Mocksville Vol. Fire dept. S R No. _____

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

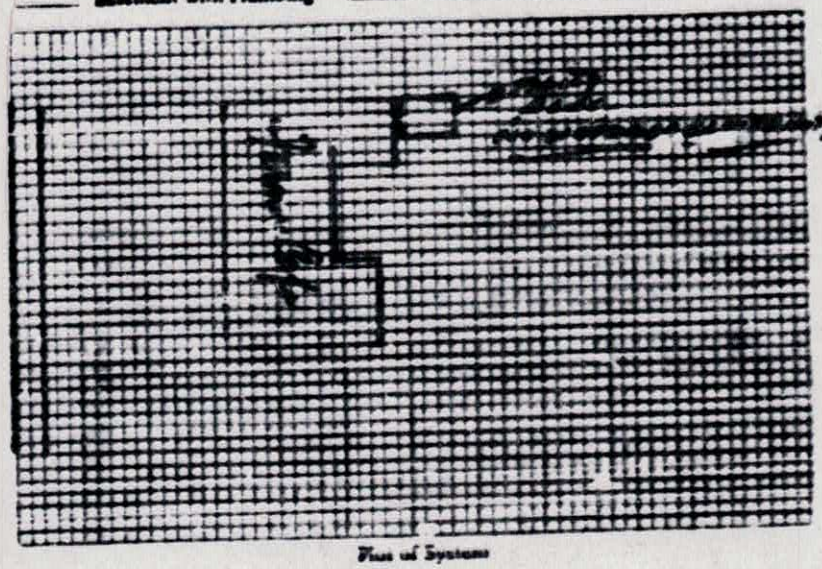
House ( ) Mobile Home ( ) Business ( ) Other Utility Bldg. 8x10

No. Bedrooms 1 No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plan of System

Size of Tank 1 Gals
Nitrification Field Leaching
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone _____
Water Supply Individual Well

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS Utility Bldg not heated use Septic Sys. & System

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE 6-25-80

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 site plan information is supplied in making Improvements Permit

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