4615826372

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 Sam McNutt Inc DATE 1-23-78 PERMIT NO. 7

PHONE: Business _____ Home 332-1076

LOCATION 100 FT on 1236 FT on 1237 at end on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 119 SECTION OR BLOCK NO. 6

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 3 3/4 acre

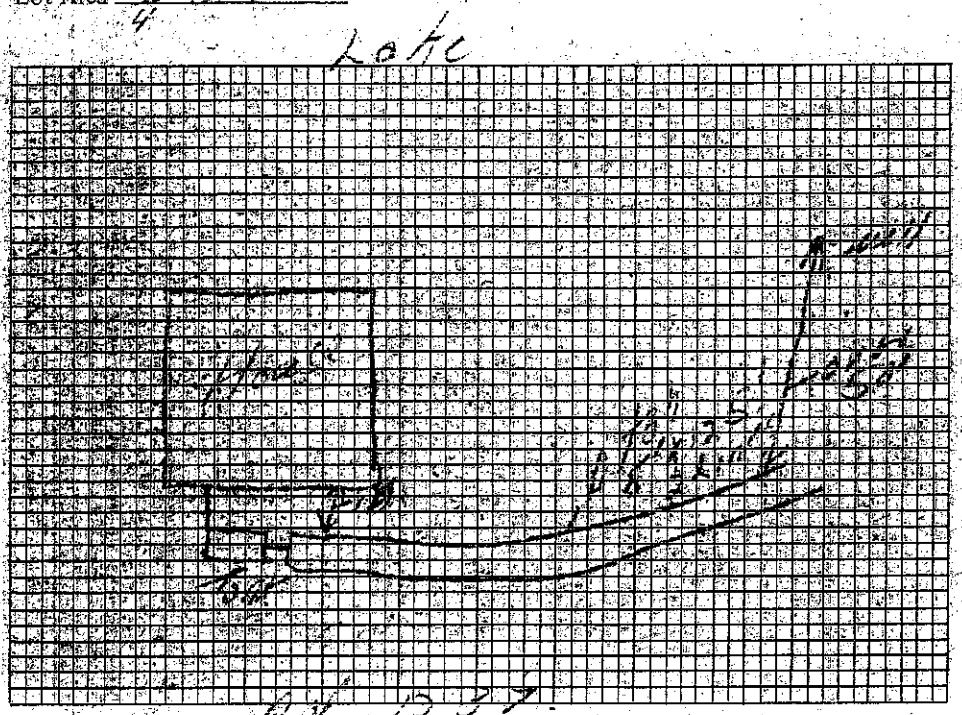
Character & Porosity of Soil Clay loam

Percolation Rate 60 min/in

Topography 20% Slope

Depth to Water Table 10 ft

Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by E.J. Cross

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 1-23-78

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

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 [illegible] DATE 5-3-22 PERMIT NO. 44

PHONE: Business _____ Home 332-1024

LOCATION [illegible]

S. R. No. _____

SUBDIVISION NAME [illegible] LOT NO. 117 SECTION OR BLOCK NO. 6

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil [illegible]

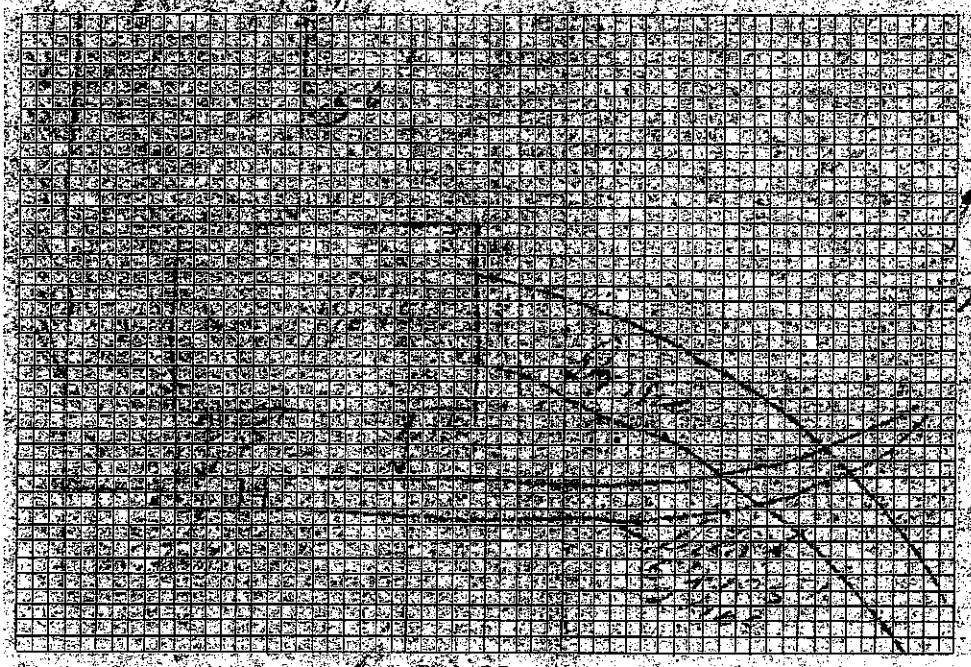
Garbage Disposal Unit Yes (✓) No ( ) Percolation Rate [illegible]

Auto. Dishwasher Yes (✓) No ( ) Topography [illegible]

Auto. Wash Machine Yes (✓) No ( ) Depth to Water Table [illegible]

Site Suitable Yes (✓) No ( ) Rock or other impervious formations [illegible]

Lot Area [illegible]



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 425 Linear Ft. [illegible]

Depth of Stone in Lines [illegible]

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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