4616-98-~~5510~~ 5310 [redacted]

08901

# 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 Kenneth Davis DATE Jan. 17, 89 Quad ~~PERMIT~~ NO. 20-B

PHONE: Business ______ Home ______

LOCATION 1100 TR 1115 TR 2nd 1455 (West Lakeview) ~1/4 mile TL Renwick Lane on Rt. S. R. No. ______

SUBDIVISION NAME CL&T Lake Norman LOT NO. 232 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil clay

Percolation Rate ≈13

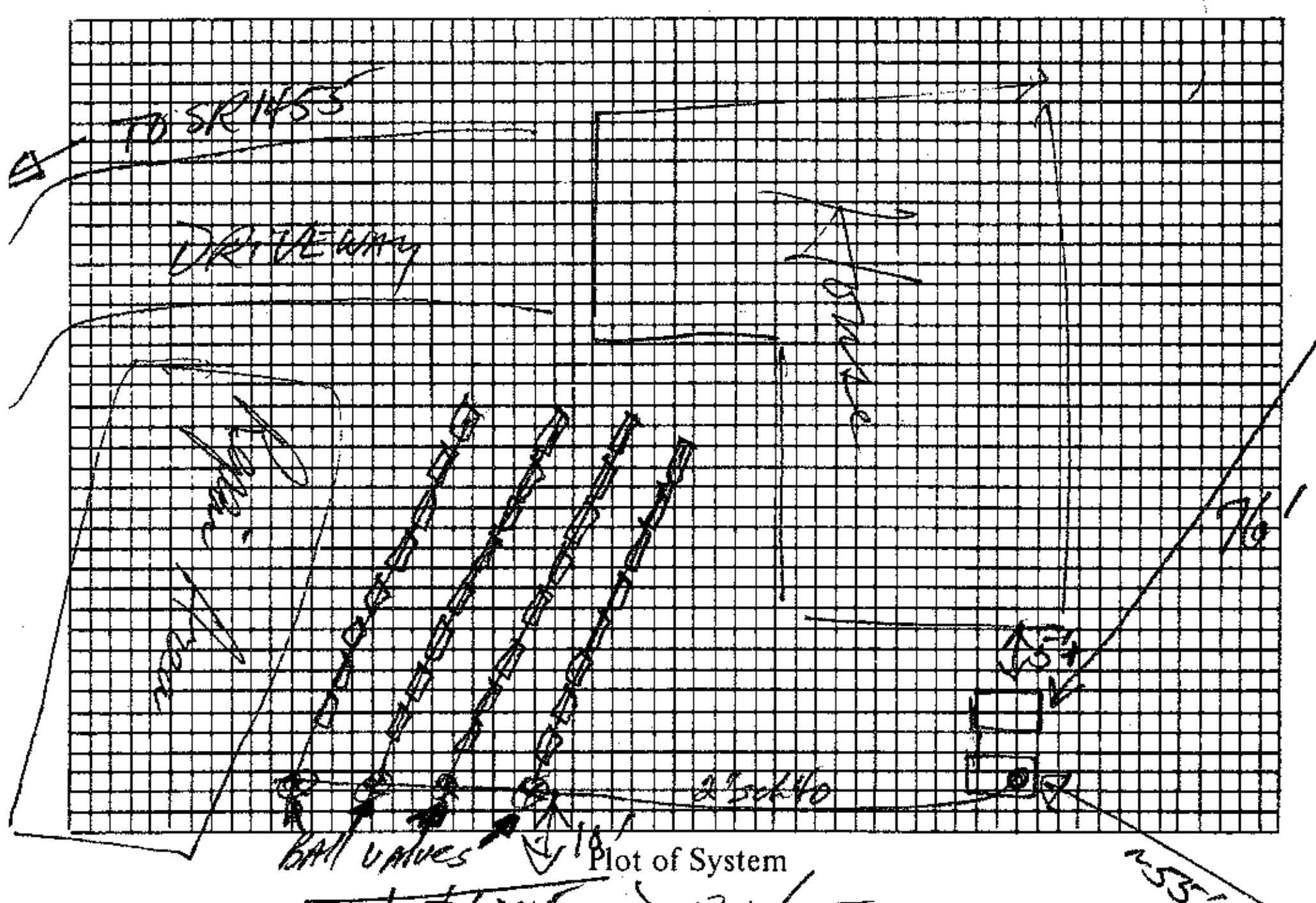
Topography 6-10%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area ½ AC +

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement




Plot of System

1500 pump tank

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. ______ Linear Ft. 200'

Depth of Stone in Lines 16" 18"

Water Supply: Individual (✓) Public ( )

Ex Well

Installed by Carolina Landscaping Bob MacLeod

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

Signed: ______

LAKE

~53'

~760

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Recommend changing alarm location from crawl space to inside - preferably utility room or close to circuit breaker box.

CERTIFICATE OF COMPLETION BY [signature], R.S. DATE Jan. 17, 89

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

2/11/00

08901

# 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 Kenneth Davis DATE May 27, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 2nd 1455 (West Lakeview) ~1/4 mile R Renwick Lane on Rt. _____ S. R. No. _____

SUBDIVISION NAME Clyt Lake Norman LOT NO. 232 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~/S Yes (✓) No ( )

Lot Area ½ Ac. +

Character & Porosity of Soil Clay

Percolation Rate 2.3

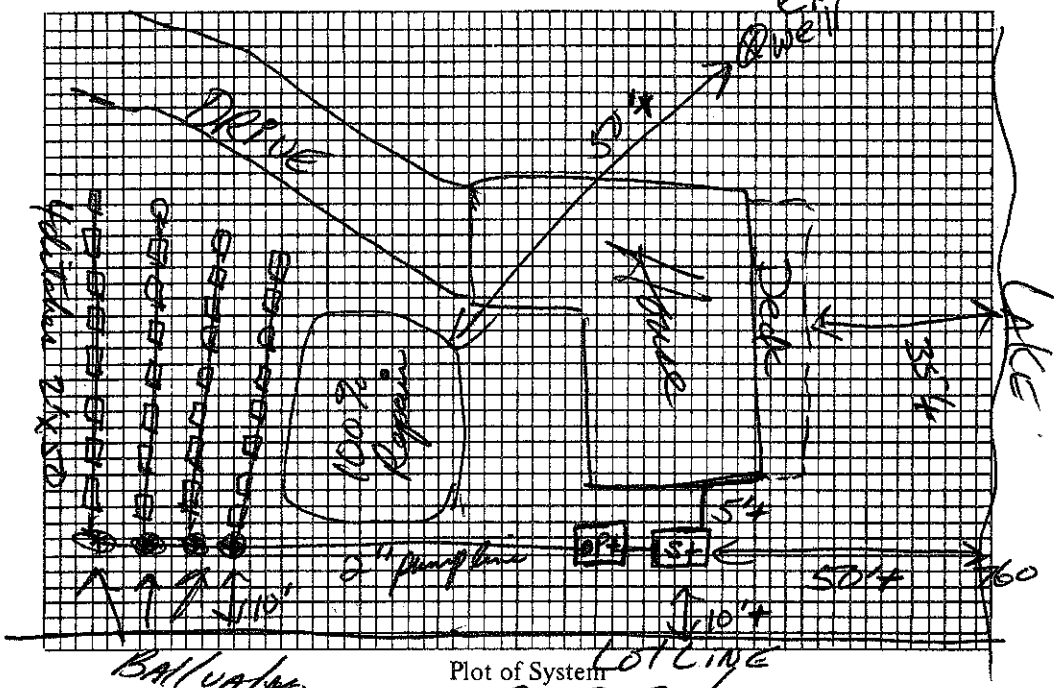
Topography 6-10%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

1250 gal pump tank

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 200' ✓

Depth of Stone in Lines 16" T&B

Water Supply: Individual (✓) panels pressure-dosed

Ex → Public ( )

Installed by _____

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

Signed: Jack C. Davis Jr.

IMPROVEMENTS PERMIT BY David R. Huson, R.S.

COMMENTS: Follow contour with drainfield. Maintain ≥6" cover over top of panels. Use 2' pressure head/ditch. 12 panels per 50' ditch with 2 5/32" holes per panel. Need a pump capable of delivering 40 gal per min at approx 18' total head.

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