4624095753

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 Gerald F. Bliss DATE 11-29-83 PERMIT NO. 406

PHONE: Business _____ Home _____

LOCATION 1100 SR 1236 - .8 mile on Rt. S. R. No. _____

SUBDIVISION NAME L. N. LOT NO. 87 SECTION OR BLOCK NO. 6

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

No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil Clay loam

Percolation Rate 5 min/in

Topography 6-10%

Depth to Water Table 4'4

Rock or other impervious formations NONE obs.

Lot Area 35000 ft²

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

Upper level

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 100'

Depth of Stone in Lines 24" panels

Water Supply: Individual (✓)

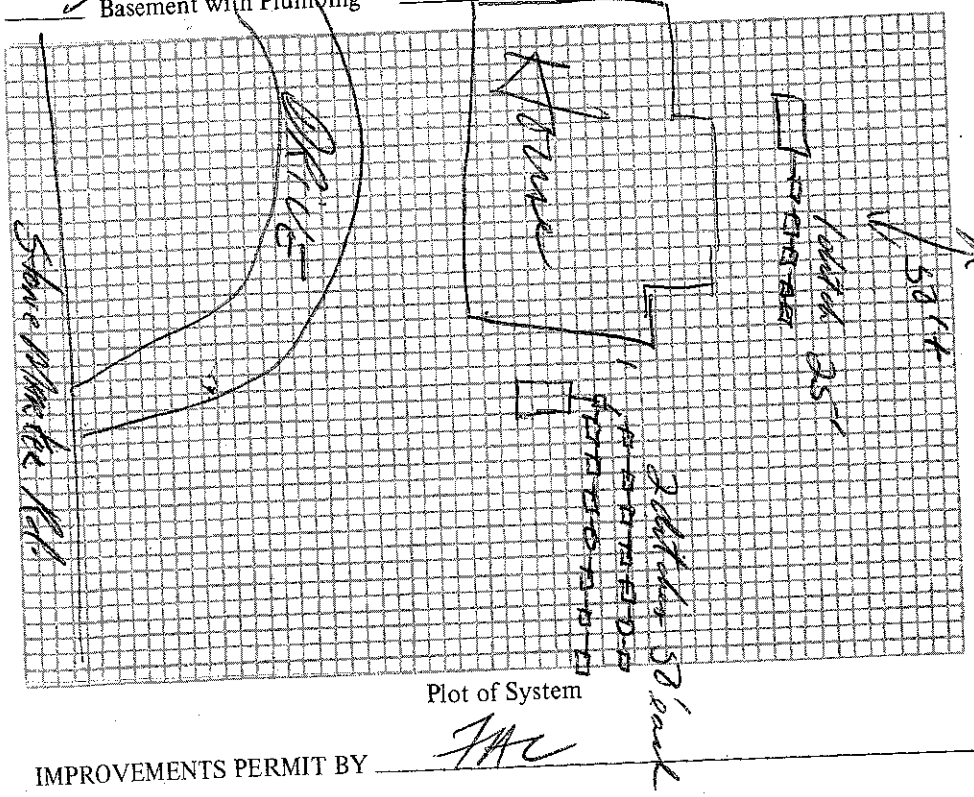
Public ( )

lower level - 1000 gal tk.
25' panels

Installed by F. J. Eaves

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

Signed: _____



Plot of System

IMPROVEMENTS PERMIT BY JAC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hanson DATE 11-29-83

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

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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 Gerald F. Bliss DATE 11-18-83 PERMIT NO.

PHONE: Business Home

LOCATION 1100 TR 1236 About 0.8 mile on R

S. R. No.

SUBDIVISION NAME Lake Norman LOT NO. 87 SECTION OR BLOCK NO. 6

House (X) Mobile Home ( ) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 35,321 ft²

Character & Porosity of Soil Clay loam ft clay

Percolation Rate 0.5-18 to 41 ft

Topography

Depth to Water Table

Rock or other impervious formations None observed

1000 gal – Lower level

upper level.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 125 lft 2411

Sq. Ft. Linear Ft. 175

Depth of Stone in Lines

Water Supply: Individual (X)

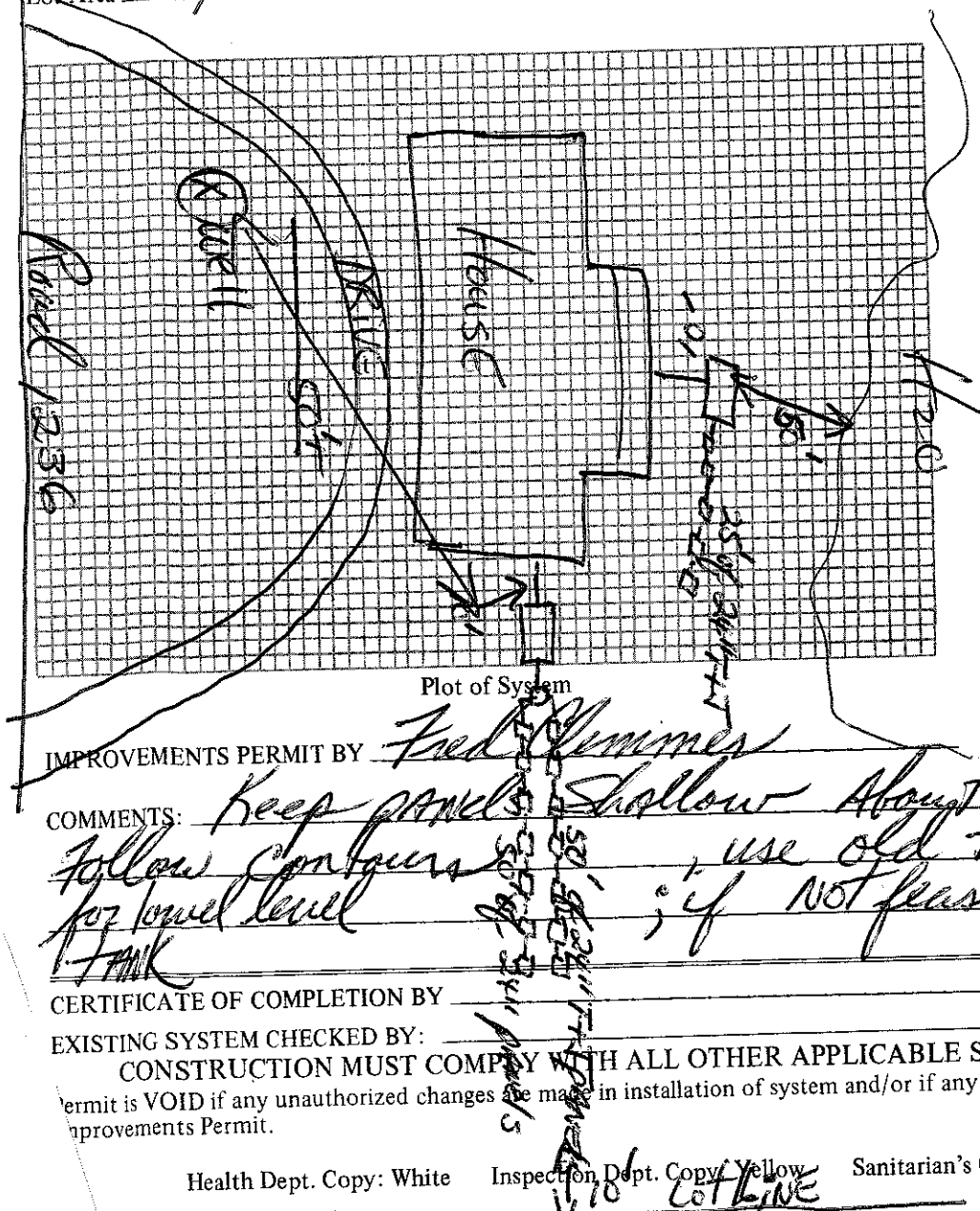
Public ( )

use 6" of sand under panels

Installed by

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

Signed: X Gerald F. Bliss



Plot of System

IMPROVEMENTS PERMIT BY Fred Timmons

COMMENTS: Keep panels shallow About 6" COVER MAXIMUM
follow contours, use old tank if possible
for lower level ; if NOT feasible dont new 1000 gal tk
Tank

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: DATE

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

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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 Grady Pratt DATE 8-6-24 PERMIT NO. 209

PHONE: Business _____ Home 704 902 2994

LOCATION 1120 East Mecklenburg Hwy TR - Same as well

S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 87 SECTION OR BLOCK NO. 6

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 ( )

Lot Area 1 acre

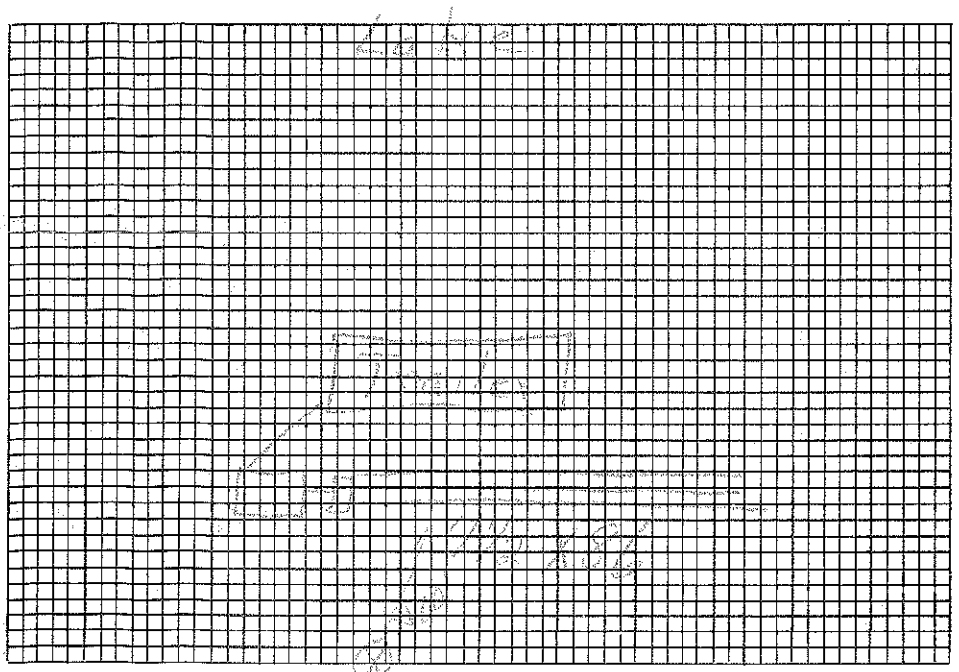
Character & Porosity of Soil Clay loam

Percolation Rate _____

Topography 2%

Depth to Water Table 4 ft

Rock or other impervious formations None



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Evans

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. David Stroud DATE 8-6-24

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

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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 Randy Pratt DATE 9-7-04 PERMIT NO. 181

PHONE: Business _____ Home 878-2024

LOCATION 100 East Mecklenburg Ave T.R. Lot on right

_____ S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 49 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 Chastain Fine Sandy Loam

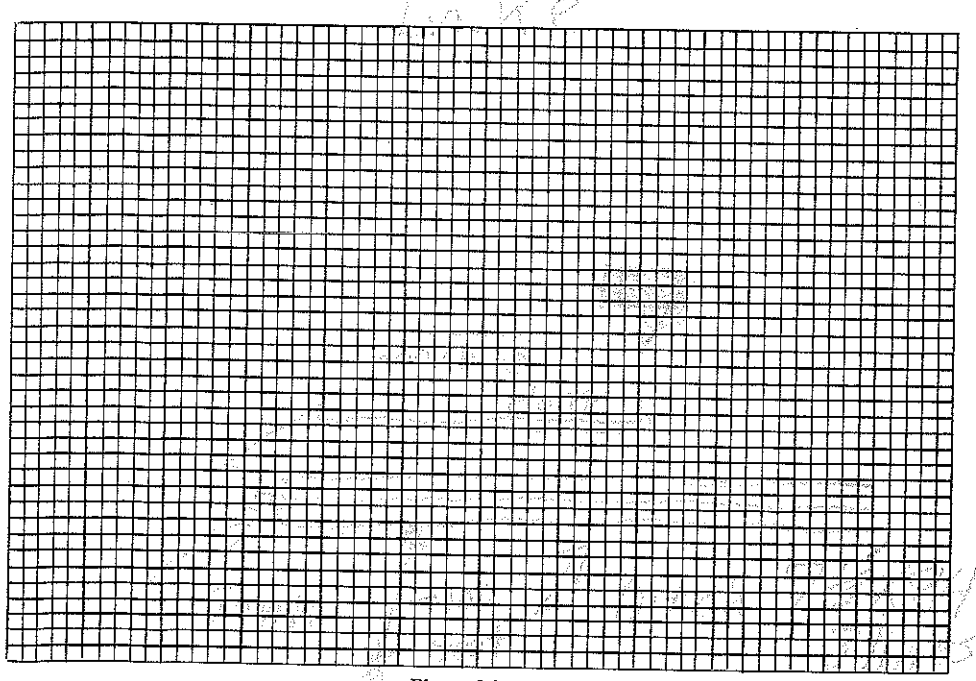
Percolation Rate 30 min/in

Topography Rolling

Depth to Water Table 24+ inches

Rock or other impervious formations None

Lot Area .5 acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 375

Depth of Stone in Lines 12 inches

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY L. A. Brown

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