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 C.A. Cartwright DATE 12-1-86 PERMIT NO. _____

PHONE: Business _____ Home 704-462-3[illegible]

LOCATION 1100 TR on 1236 Then left [illegible] S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 120 SECTION OR BLOCK NO. 6

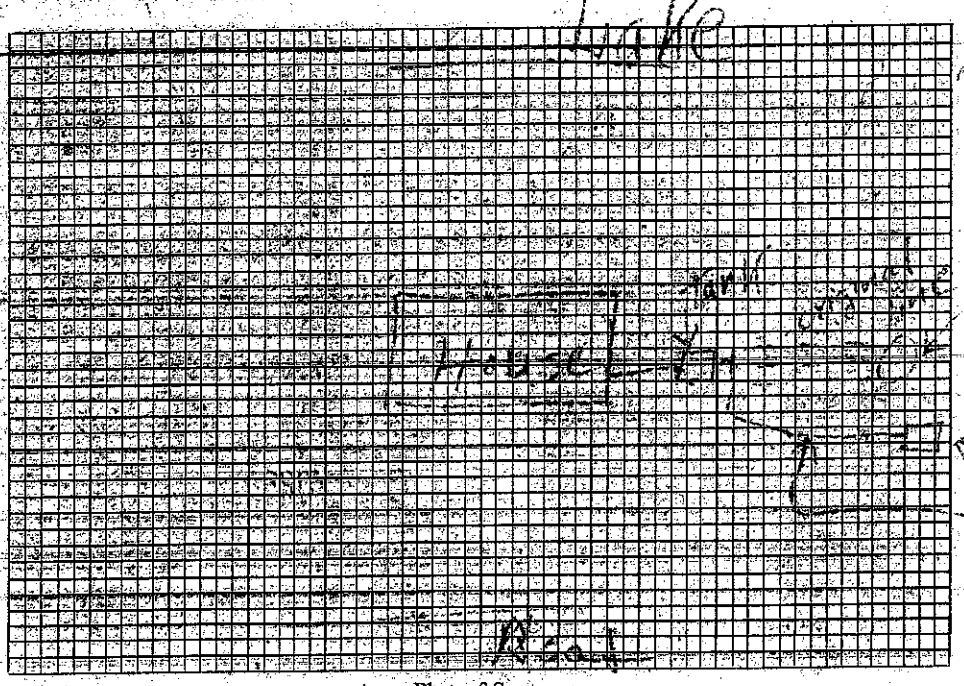
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 1/4 acre

Character & Porosity of Soil Clay loam Porosity Fair
Percolation Rate Fair & Loamy
Topography 2 to 6 slope
Depth to Water Table 1 ft
Rock or other impervious formations none



Plot of System

Size of Tank Existing 500 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 150 Linear Ft. 60
Depth of Stone in Lines 10
Water Supply: Individual (✓)
Public ( )

Installed by Henry Sigmon

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Pump out & Inspect Septic System

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 12-11-86

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

4624183695

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 C. A. Fewright DATE 11-23-96 PERMIT NO.

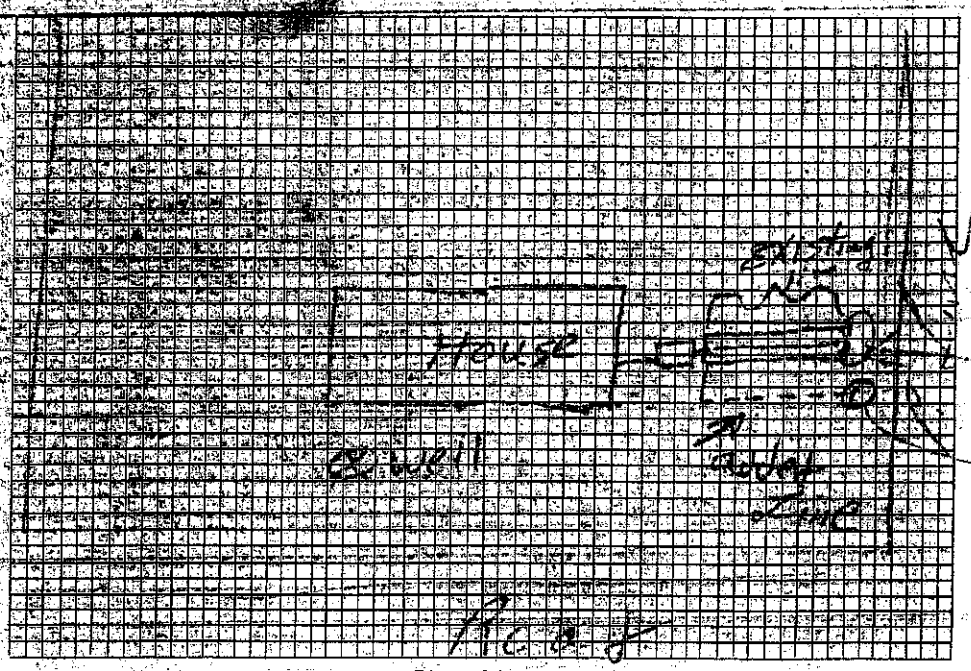
PHONE: Business Home 366-4138

LOCATION 1140 TR on 1236 Turn 1st left Turn 2nd right 300' on right S. R. No.

SUBDIVISION NAME Lake Norman LOT NO. 180 SECTION OR BLOCK NO. 6

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

No. Bedrooms 3	No. Bathrooms 1½	Character & Porosity of Soil	Clay loam (Porosity Fair)
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	Soil Formula
Auto. Dishwasher	Yes (✓) No ( )	Topography	Steep slopes
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	Level to lake level
Site Suitable	Yes (✓) No ( )	Rock or other impervious formations	None
Lot Area	Not Given		



Plot of System

Size of Tank Existing Tank Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 120 Linear Ft. 60
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS: Pull all roof spouts from around system. Keep 10' from property line

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