4624390334

11679

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 Jerry McElroy DATE 6/27/90 PERMIT NO. 2D-1-A-63

PHONE: Business _____ Home _____

LOCATION 1100 TR Stonemarker TR Tiger Ln. 1st house on right

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 63 SECTION OR BLOCK NO. 6

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

No. Bedrooms 4 No. Bathrooms 2½

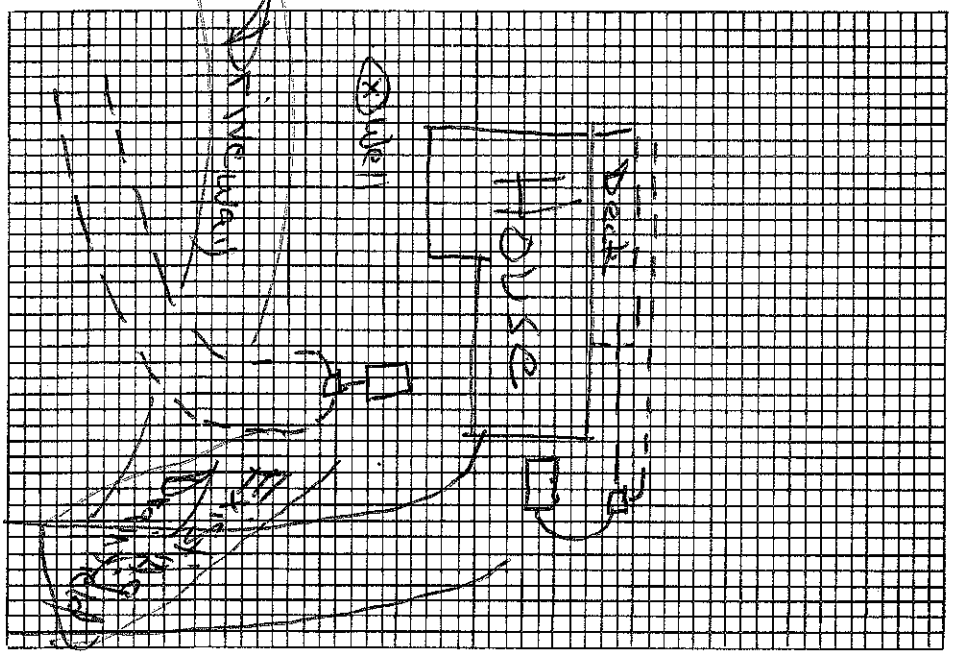
Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate	
Auto. Dishwasher	Yes ( )	No ( )	Topography	
Auto. Wash Machine	Yes ( )	No ( )	Depth to Water Table	
Site Suitable	Yes ( )	No ( )	Rock or other impervious formations	

Character & Porosity of Soil Existing

From Permit Issued 1/5/83

Lot Area _____

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Drainfield will be underneath deck. However plumbing not presently connected to system. In order to add additional bath pump tank will have to be installed and wastewater pumped to system close to road on front of property.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Sam Ingram EHS DATE 6/27/90

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

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 M. B. Moser DATE 7-21-86 PERMIT NO. 413

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 TR (Tiger) Covington Lane
1st house on left S. R. No. _____

SUBDIVISION NAME CL+T LOT NO. 63 SECTION OR BLOCK NO. 6

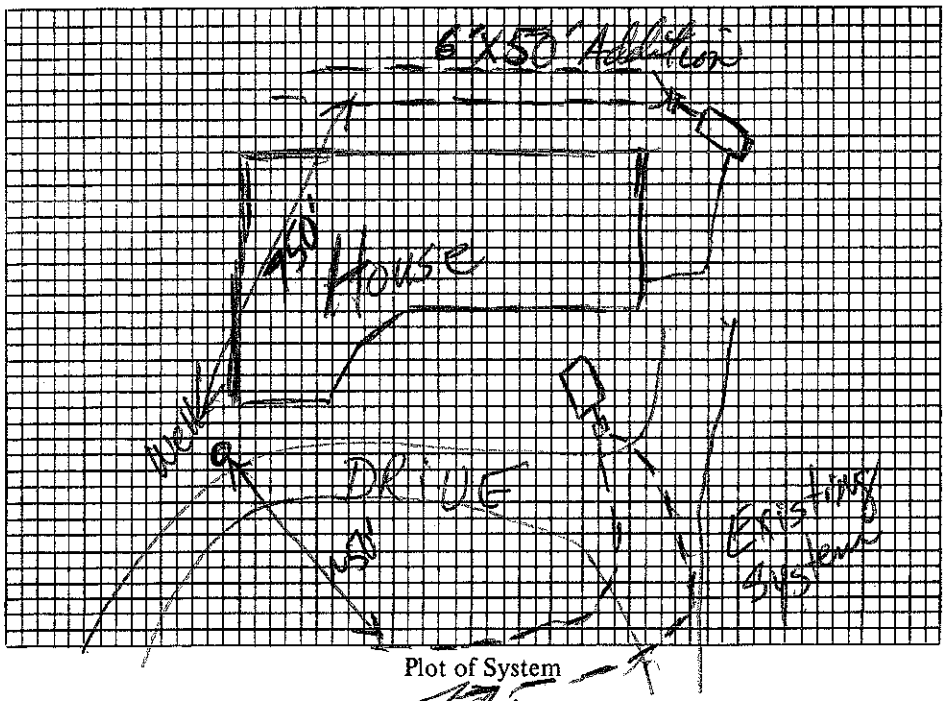
House (4) Mobile Home ( ) Business ( ) Other Adding bath to basement

No. Bedrooms 4 No. Bathrooms 5

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Existing

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 6'X50' ditch
Sq. Ft. 300 Linear Ft. 180
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by J. Irvin

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

Signed: _____

IMPROVEMENTS PERMIT BY FAE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Fenner, R.S. DATE 7-21-86

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

2:00

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 M. B. Moser DATE 8-2-85 PERMIT NO. 274

PHONE: Business ________ Home ________

LOCATION 1100 TR 1336 TR (Covington Lane) 1st house on left S. R. No. ____

SUBDIVISION NAME Lake Norman LOT NO. 63 SECTION OR BLOCK NO. 6

House (X) Mobile Home ( ) Business ( ) Other Repair (Add bath to basement

No. Bedrooms 4 No. Bathrooms 5

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

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

Site Suitable Yes (X) No ( )

Lot Area Existing

Character & Porosity of Soil ________

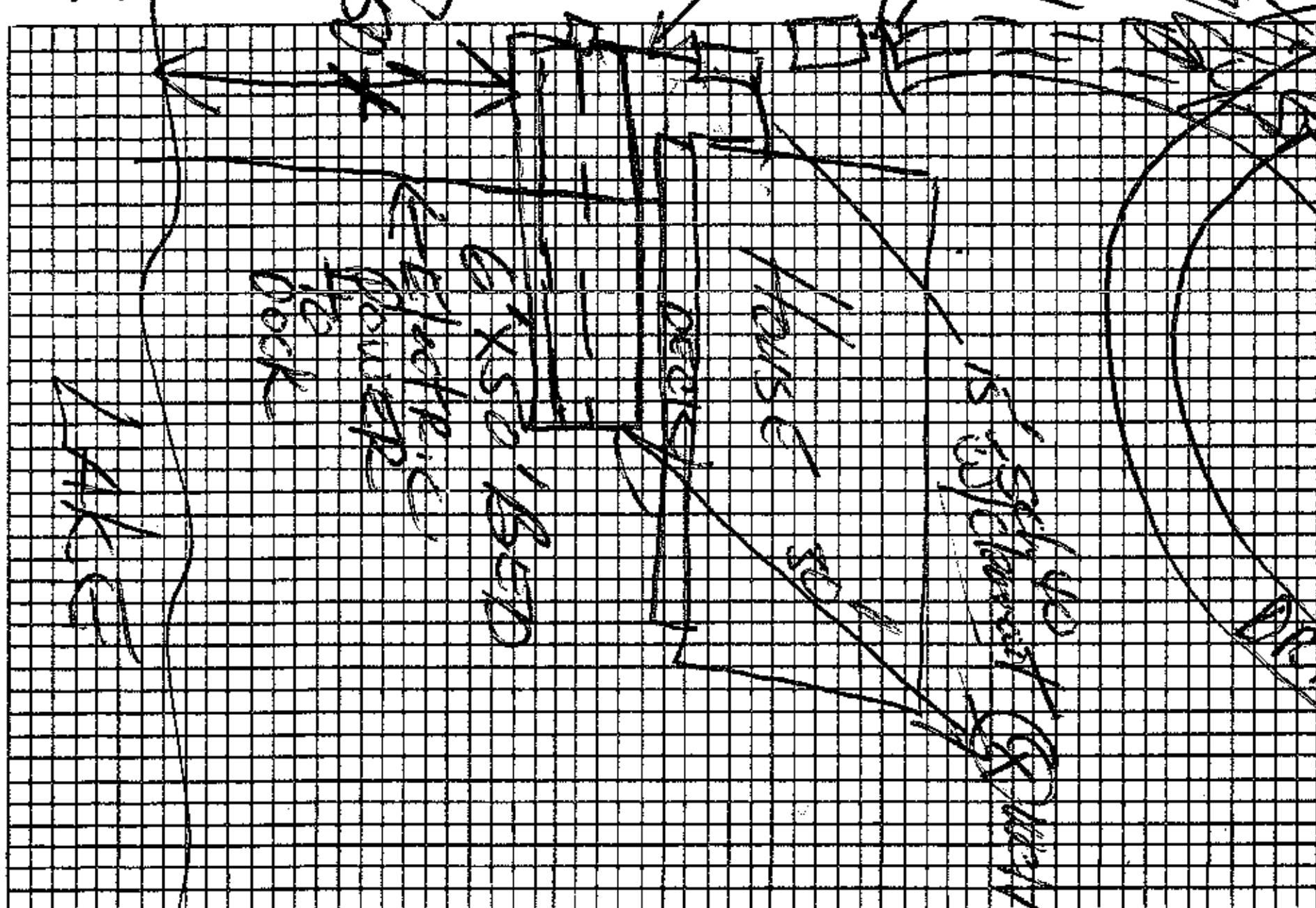
Percolation Rate ________ Existing

Topography ________

Depth to Water Table ________ System

Rock or other impervious formations ________

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field 2

No. of Lines ________

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by ________

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

Signed: M. B. Moser

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow about 1.5' cover; Be careful crossing power line to dock & grass over system

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

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. J. Guillot DATE 1-14-83 PERMIT NO. 17

PHONE: Business _____ Home _____

LOCATION: 1400 TR 1236 .1 mile TR 1st Mobile Home on left

SUBDIVISION NAME Lake Norman LOT NO. ~~Lot~~ 63 S. R. No. _____ SECTION OR BLOCK NO. 6

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

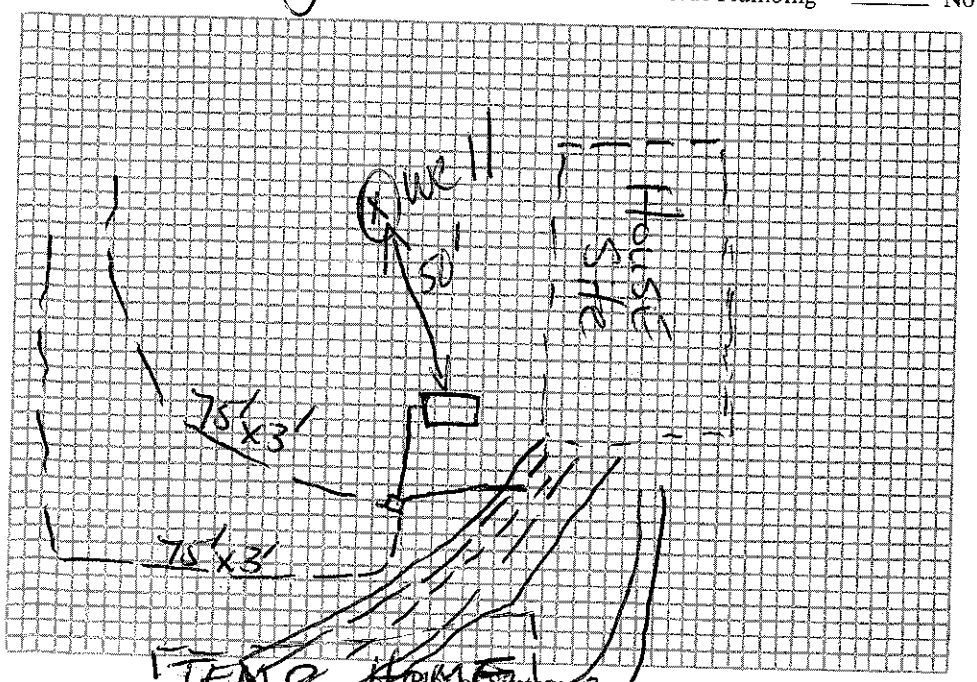
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay loam
Percolation Rate ~~30 min~~ 2-10 %
Topography _____
Depth to Water Table _____
Rock or other impervious formations None observed

Lot Area Existing

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1550 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )
Monroe, NC
Installed by TAYPAR Plumbing

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Final approval to be given when Mobile Home Removed from System
Don't drive over system

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 1-14-83

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

11.75

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. J. Guillot DATE 1-5-83 PERMIT NO. 3

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 .1mile TR dirtroad 1st Lot on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 63 SECTION OR BLOCK NO. 6

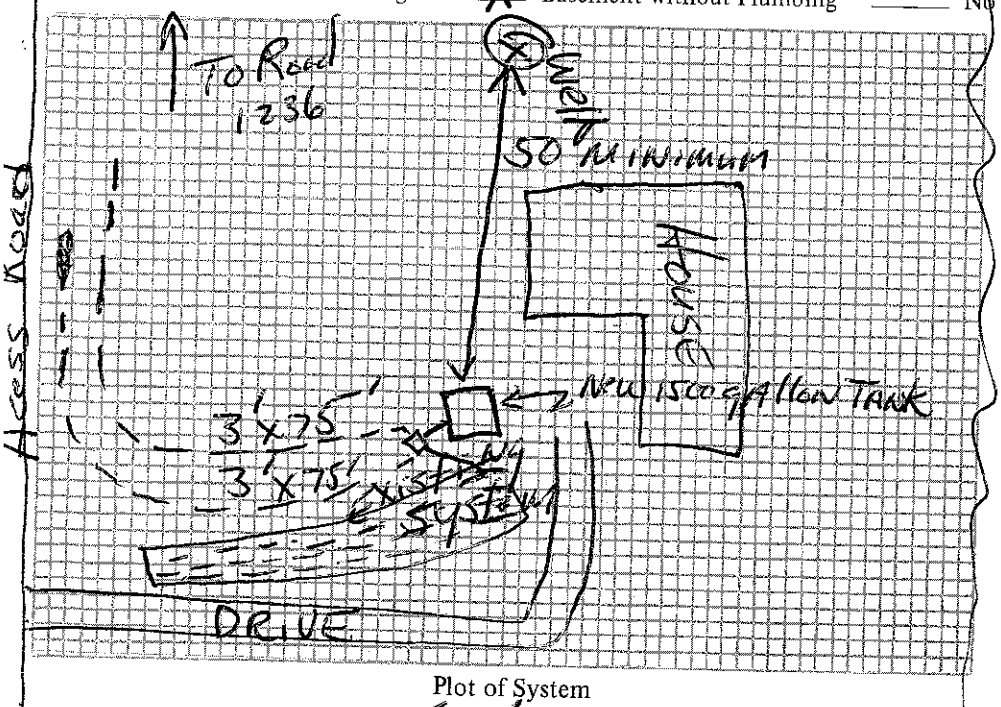
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (X) No ( )
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area ~ 3/4 ACRE

Character & Porosity of Soil Clay loam
Percolation Rate ~ 30 min/in
Topography 2-10%
Depth to Water Table unknown
Rock or other impervious formations NONE observed

_____ Basement with Plumbing _X_ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 w/baffel Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed C. J. Guillot

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Pump old tank + back-fill with clean clay
Tie into Existing System + Retain as much of drainline as possible
Set New tank At least 10' from foundation
Final Approval to be given when Mobile Home Removed from System

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