08536

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 Bill Tucker DATE April 10, '89 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 1100 TR 1236 (Stonemaker) TR in curve before Fawn Dr. on Right S. R. No. ______

SUBDIVISION NAME CL&T Lake Norman LOT NO. 101 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~~ PS Yes (✓) No ( )

Lot Area ~3/4 Ac

Character & Porosity of Soil clay

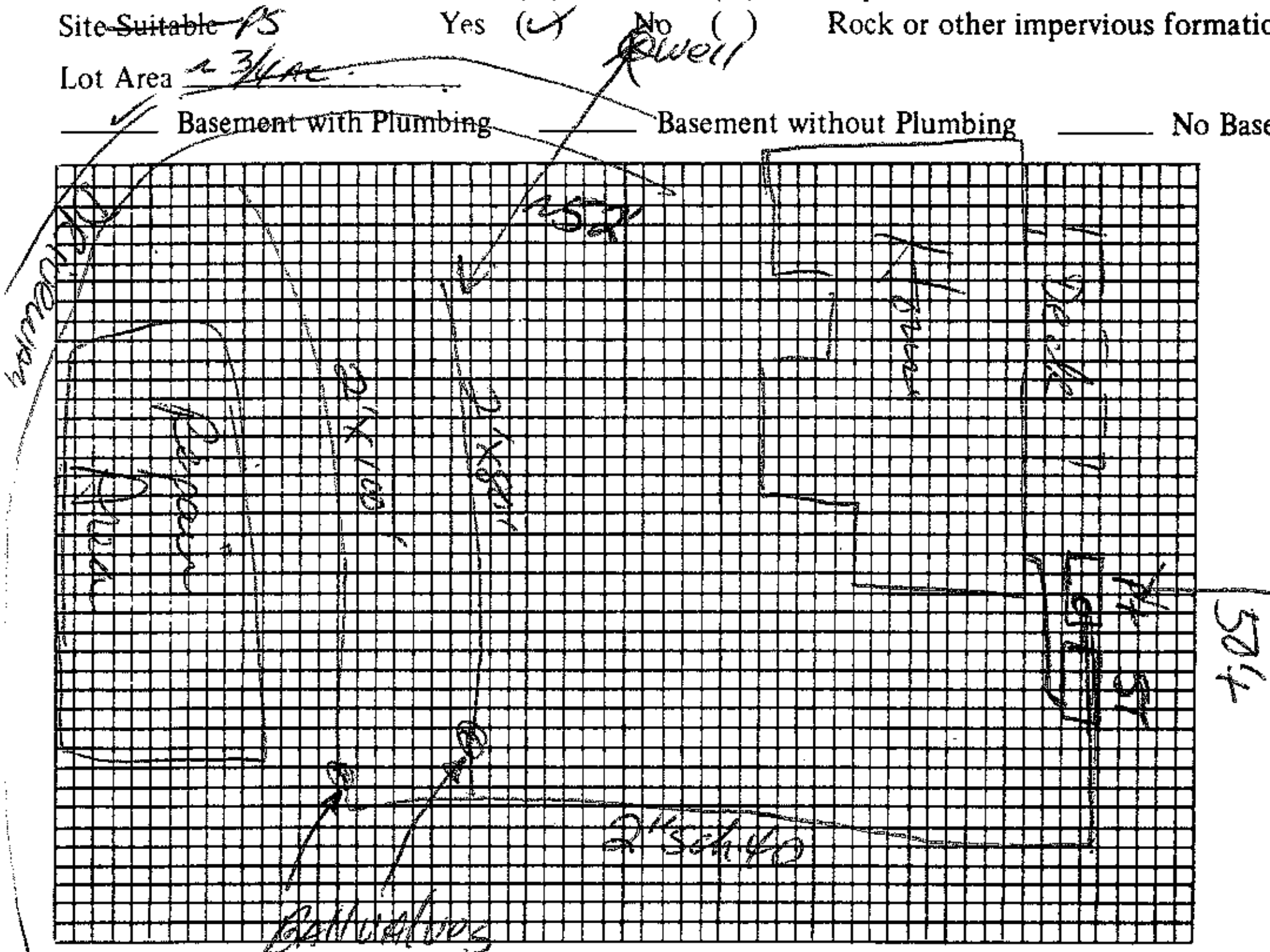
Percolation Rate ~35

Topography ~10 %

Depth to Water Table 4'+

Rock or other impervious formations none obs.

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System SR 1236

Size of Tank 1250 Gals. (1250 p.t.)

Nitrification Field:

No. of Lines 2

Sq. Ft. ______ Linear Ft. 180'

Depth of Stone in Lines 16" Max

Water Supply: Individual (✓) Public ( ) panels pressure-dosed

Installed by J L Bowles

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

Signed: ______

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Alarm tested & working but not mounted yet.

CERTIFICATE OF COMPLETION BY D R Hanson, RS DATE 4-10-89

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

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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 Bill Tucker DATE Sept. 2, '88 PERMIT NO. 20 D

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 (Stonecrest) TR in curve before Town Dr. on Rt. S. R. No. _____

SUBDIVISION NAME CLOT Lake Norman LOT NO. 101 SECTION OR BLOCK NO. _____

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~~ OS Yes (✓) No ( )

Lot Area ~3/4 Ac.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

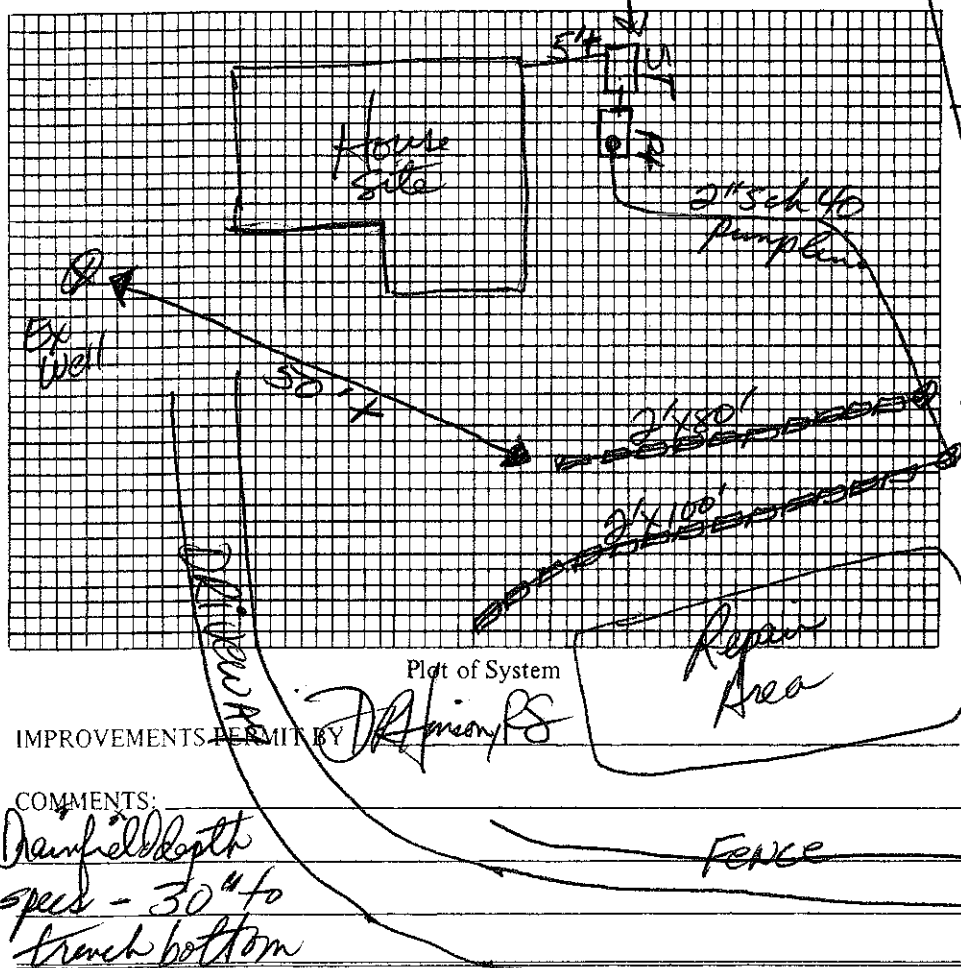
Character & Porosity of Soil clay

Percolation Rate ~.35

Topography ~10%

Depth to Water Table 4'

~~Rock~~ or other impervious formations none obs.



Plot of System

1250 gal pump tank

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 180'+

Depth of Stone in Lines 16" T&J

Water Supply: Individual (✓) panels pressure-closed

Public ( )

Installed by _____

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

Signed: W. H. [illegible]

1-1¼" sch 40 thru panels

Two 5/32" holes per panel.

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS:

Drainfield depth specs - 30" to trench bottom

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

Pump specs: 33 gal/min at ~27' TDH