4626 24 4008

12129

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 Larry Dunn DATE 5/10/91 PERMIT NO. 2F-3-A-161

PHONE: Business _____ Home 664-6378

LOCATION 1446, 1100 TR 1115 TL 1445 TL 1446 to end of road on (L)

S. R. No. _____

SUBDIVISION NAME CL+T Lake Norman LOT NO. 101 SECTION OR BLOCK NO. 8

House ( ) Mobile Home ( ) Business ( ) Other Utility Bldg.

No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil PS clay

Percolation Rate .3

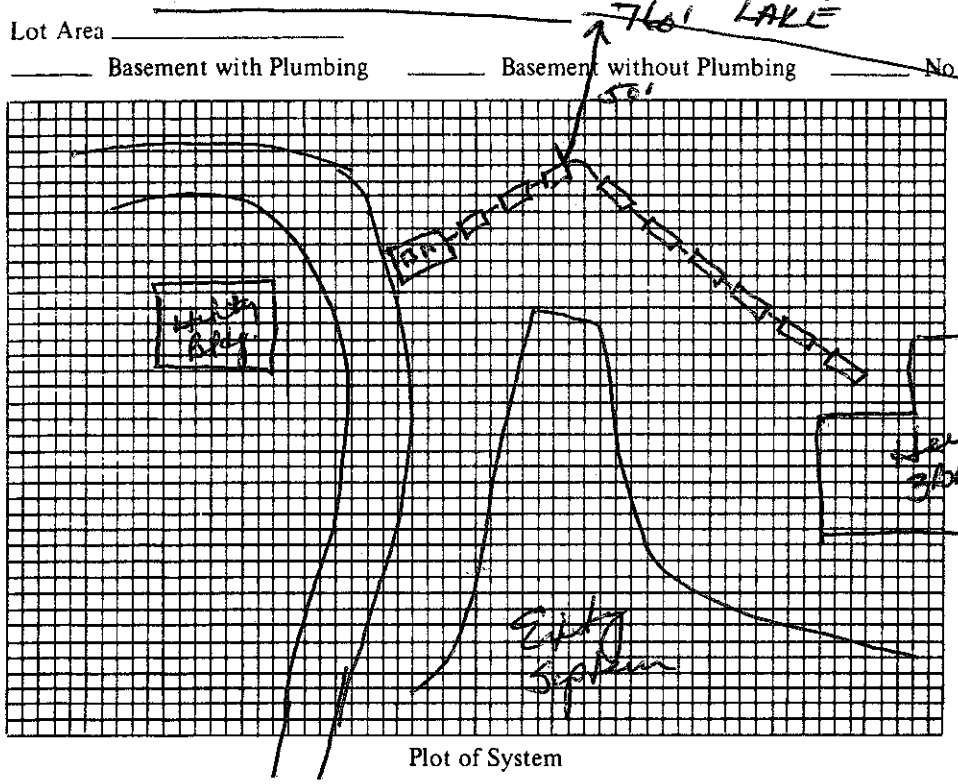
Topography 2%

Depth to Water Table > 3'

Rock or other impervious formations None observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1600 Gals.

Nitrification Field:

No. of Lines 1 T+J Panel

Sq. Ft. _____ Linear Ft. 60'

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 16" T+J Panel System installed.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/10/91

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

12129

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Larry Dicson DATE Jan 24, 91 PERMIT NO 2F-3-A101

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1445 (Kemp) TR 1446 (Cooley) At end on left S. R. No. _____

SUBDIVISION NAME CLOT LAKE Norman LOT NO. 101 SECTION OR BLOCK NO. 8

House ( ) Mobile Home ( ) Business ( ) Other Utility bld (hobby shop) w/ 1 bathroom

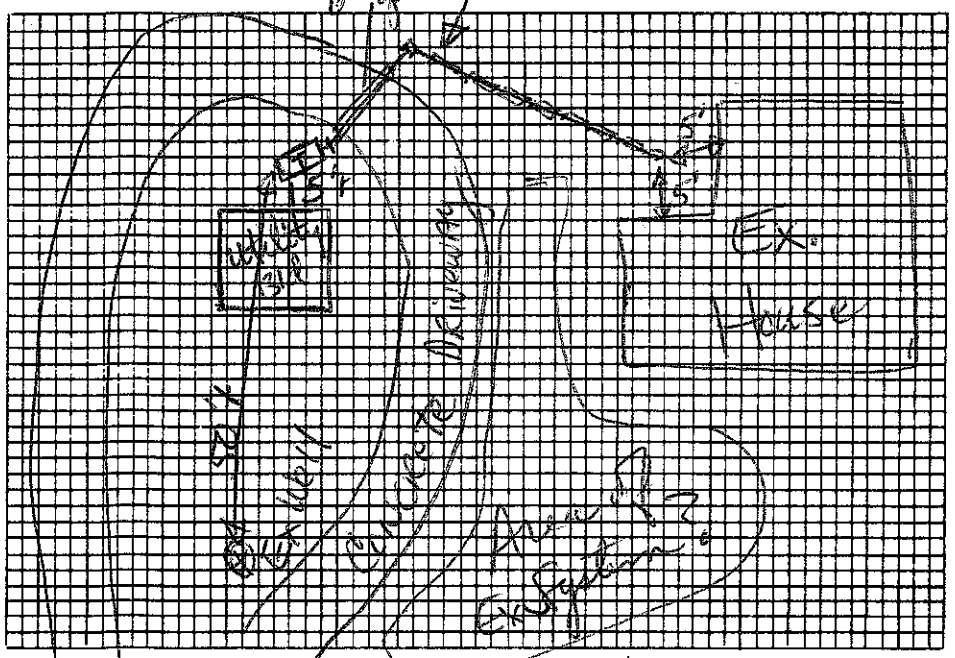
No. Bedrooms ____ No. Bathrooms 1

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

Character & Porosity of Soil ps clay
Percolation Rate LAKE 1.3-.4
Topography 2%
Depth to Water Table 3+
Rock or other impervious formations none noted

Lot Area Existing 18 gauge or heavier 6" corrugated metal pipe 50'+

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 900 + Gals.

Nitrification Field:
No. of Lines 1-2
Sq. Ft. _____ Linear Ft. 50'+
Depth of Stone in Lines 20 16"

Water Supply: Individual (✓) Public ( )
Panels 1 panel gravity flow

Installed by _____

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

Signed X Jim Christenbury

IMPROVEMENTS PERMIT BY James R Hinson, EHC

COMMENTS: Install panels 28" max trench bottom depth.

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 Larry F. Dunn DATE 1-28-86 PERMIT NO. 45

PHONE: Business _____ Home _____

LOCATION 1400 TR 1115 R 1445 R 1446 Atendon Cul-de-Sac S. R. No. _____

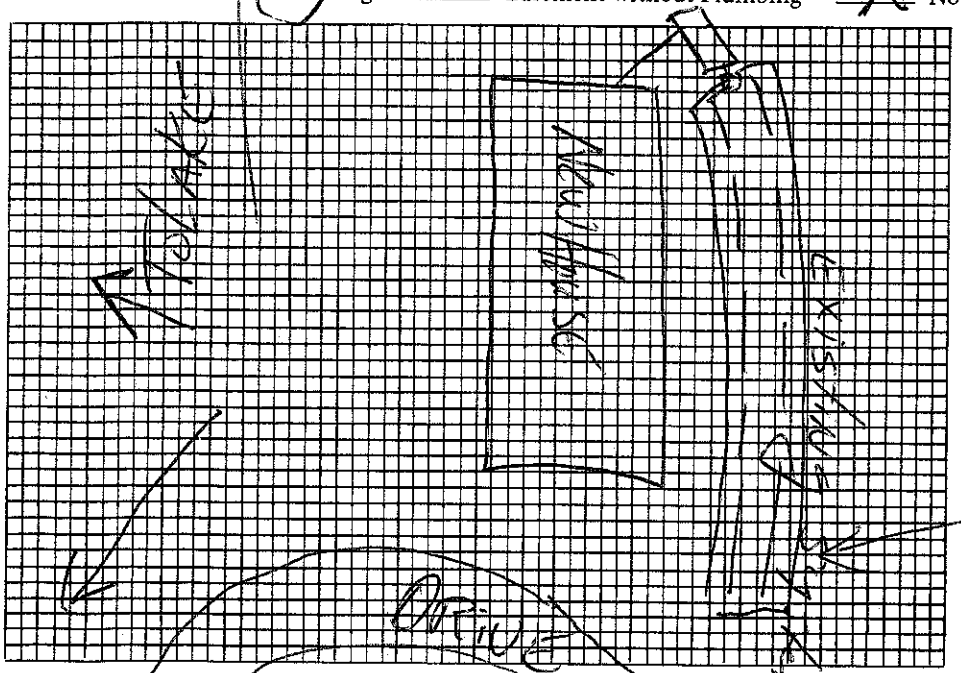
SUBDIVISION NAME LAKE NORMAN LOT NO. 101 SECTION OR BLOCK NO. 8

House (X) Mobile Home ( ) Business ( ) Other Tearing Down Old Structure (2 Mobile Home + Building Range)

No. Bedrooms 3 No. Bathrooms 2

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

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines EXISTING
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System Checked by A. C. Moore 9-24-74 Existing System Working OK At date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM ~~CHECKED~~ BY: Fred Clemmer DATE 1-28-86

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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

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

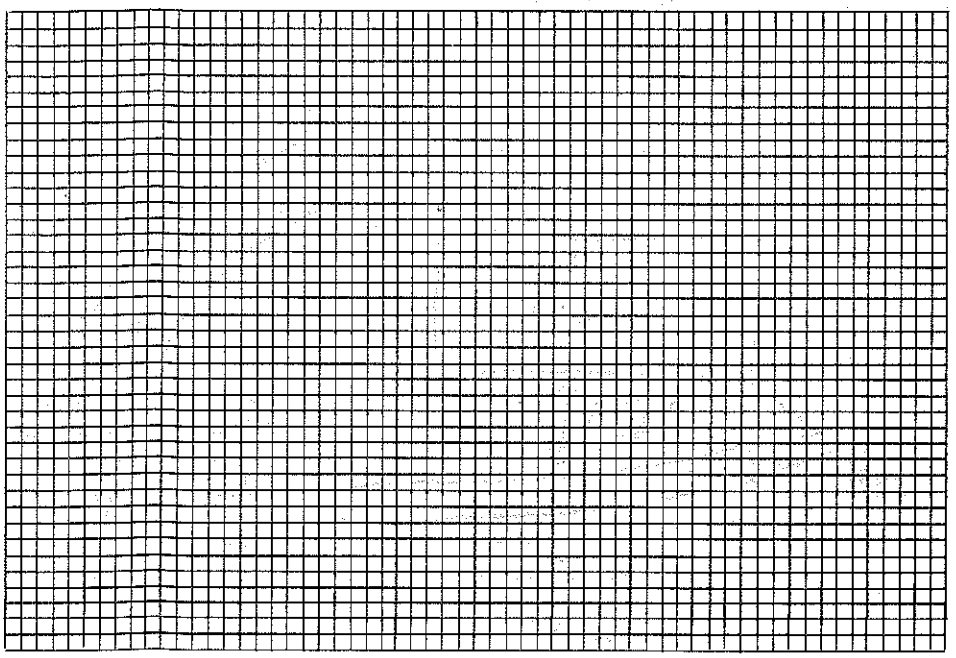
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

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

3.00

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 _____ DATE _____ PERMIT NO. 15

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

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

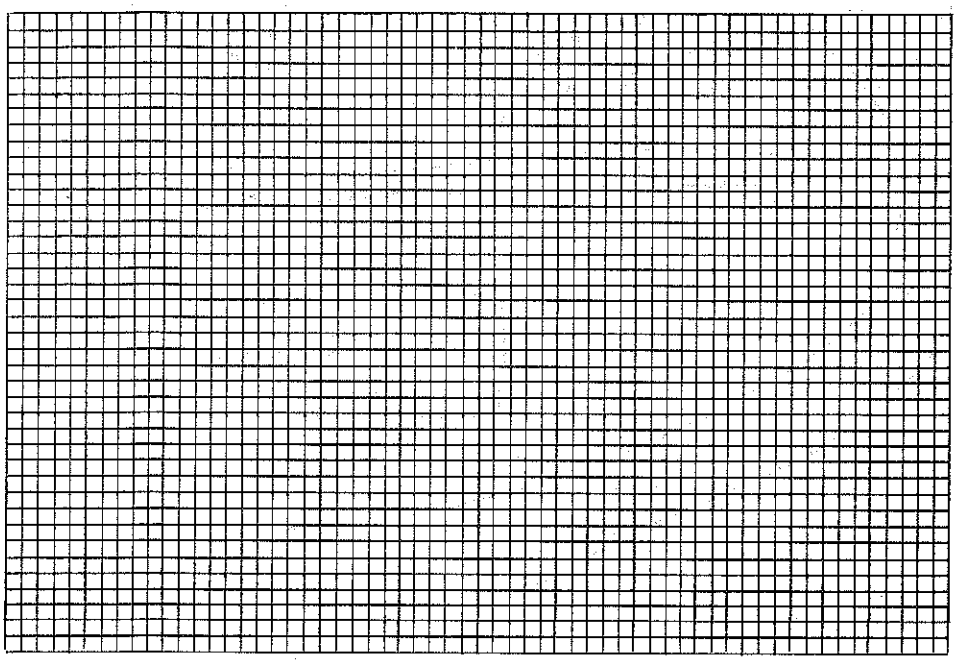
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

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

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 Ralph C. Grissin DATE 8-30-74 PERMIT NO. 242

PHONE: Business _____ Home 664-5350

LOCATION 1100 ft R from 1145 Turn Rt. on 1145 next Rt Th on 1145 at end S. R. No. 1145

SUBDIVISION NAME Lake Norman LOT NO. 101 SECTION OR BLOCK NO. 2

House ( ) Mobile Home ( ) Business ( ) Other 2 Mobile Homes linked together to form house

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area over ½ acre

Character & Porosity of Soil Fine sandy clay loam

Percolation Rate 3 and 4 mins

Topography 2-3% Slope

Depth to Water Table 30" to 8'

Rock or other impervious formations none

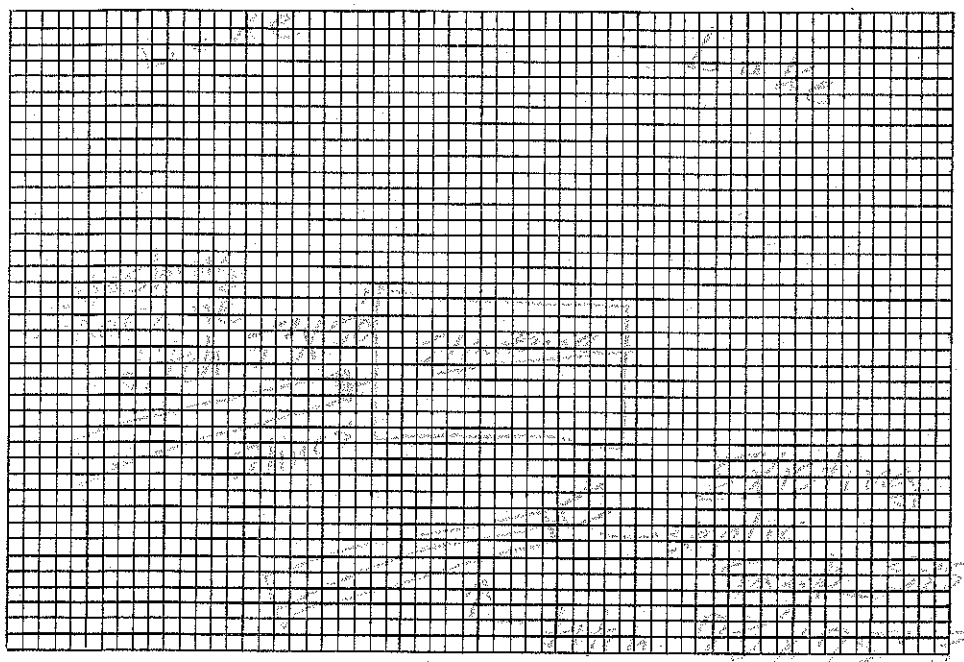
Existing System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 525 Linear Ft. 225
Depth of Stone in Lines 18"

Water Supply: Individual (✓)
Public ( )

Installed by Z
1967



Plot of System

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: Existing structure is ok for septic tank system with addition of 100' of drain line for washing machine.

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 9-4-74

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