4626-29-8992

07362

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 Charlie Morris DATE Nov. 3, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR Ardmore (Between Dig 4 Lakeview) at end on Rt S. R. No. _____

SUBDIVISION NAME CL&T LAKE Norman LOT NO. 1607 SECTION OR BLOCK NO. 8

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 3/4 Ac

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement

Character & Porosity of Soil area of drainfield clay

Percolation Rate 5 in 7

Topography ~10% slope

Depth to Water Table 4'+

Rock or other impervious formations some obs.

1000 gal pump tank

Size of Tank 1000 Gals.

Nitrification Field:

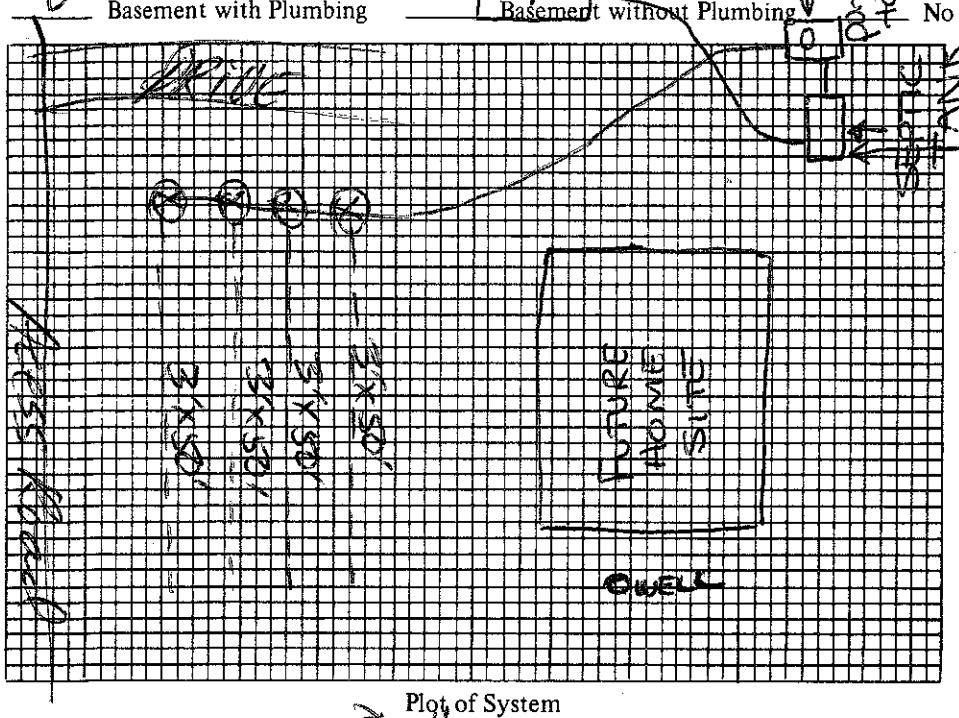
No. of Lines 4

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by J J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY DRT

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C Price DATE 2/1/88

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 Charlie Morris DATE Sept. 23, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR Ardmore (Between Dish & Lakeview) at end on Rt S. R. No. _____

SUBDIVISION NAME CLOT - LAKE NORMAN LOT NO. 1607 SECTION OR BLOCK NO. 8

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( ) (LAKE)

Lot Area 3/4 Act

Character & Porosity of Soil Clay

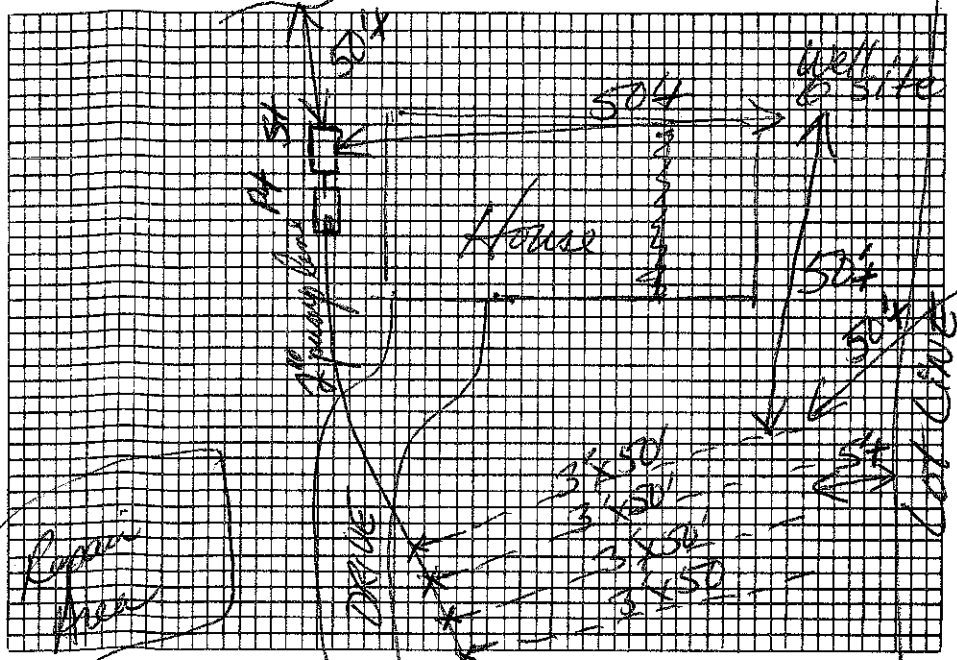
Percolation Rate 2, 4

Topography 10-25% gullied

Depth to Water Table 4'

Rock or other impervious formations some obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



1000 gal pump tank

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Neighbors Well

Installed by _____

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

Signed: Charlie Morris

IMPROVEMENTS PERMIT BY DR Hunter

Access

Ardmore

COMMENTS:

Install driveway in gullied area. Pressure dose conventional type drainfield by using a ball valve at the head of each ditch with a 1" rigid pipe down the center with one 3/16" hole every 5 feet.

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