4626 34 4934

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Norman Simpson DATE Aug 6, '92 PERMIT NO. 2F3A92

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1445 (Kemp) on left just before Cooley Rd. S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 92 SECTION OR BLOCK NO. 8

House ☑ Mobile Home ☐ Business ☐ Other System for 2 bedroom Addition

Addn only

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 720,000 ft

Soil Characteristics PSCLay

Application Rate .13

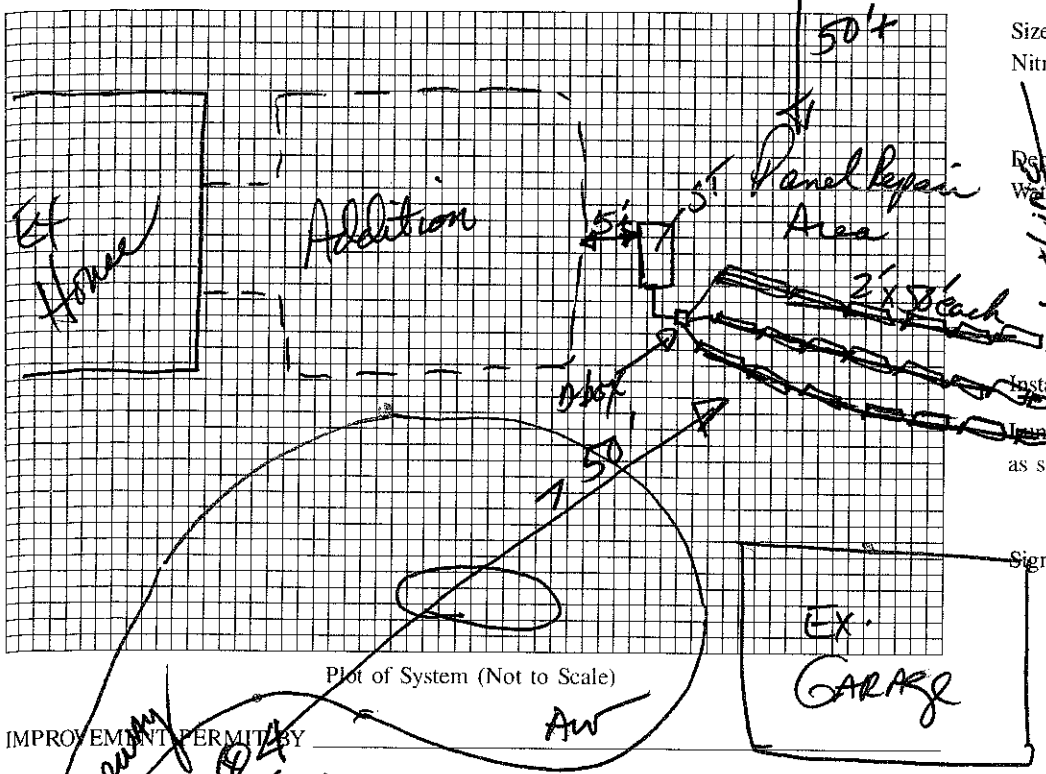
Topography ~4%

Depth to Acceptable > 1' below trench bottom

Rock or other impervious formations none obs.

(SAS)

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 150' of 16" PVC

Depth of Stone in Lines _____

Water Supply: Individual ☑ Public ☐

Installed by Abernathy

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS Drainfield deep. No problem noted with soil.

CERTIFICATE OF COMPLETION BY DR Huson, RS DATE 8/6/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

24.00

IREDELL COUNTY HEALTH DEPARTMENT

14521

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Norman Simpson DATE 4/28/92 PERMIT NO. 2F-3-A-92

PHONE: Business _____ Home 336-3936

LOCATION Kemp Rd; Brawley Sch, TR on McKendree, TL on Kemp, TL on Cobley Rd. to 2nd drive on R

S.R. No. _____

SUBDIVISION NAME C L & T LOT NO. 92 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 ☐

Lot Area 20,000 FT²

Soil Characteristics P - C (10-15)

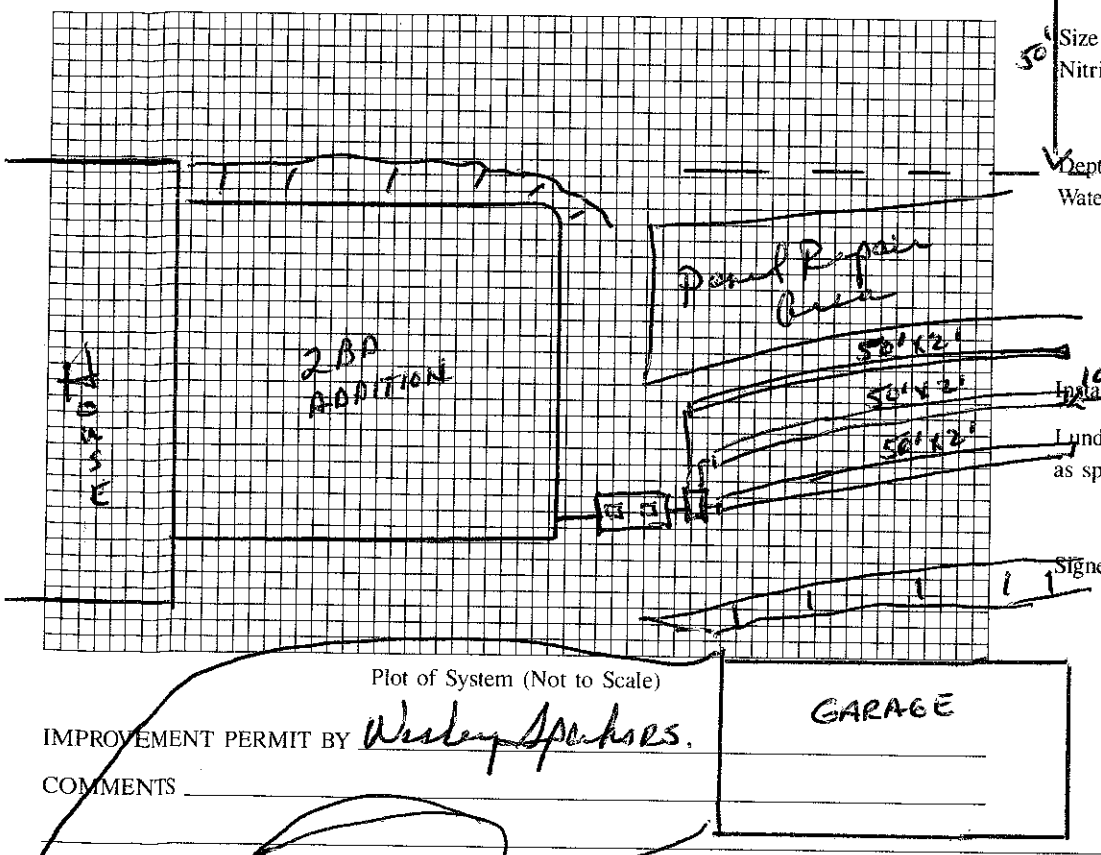
Application Rate P .3

Topography P - 10%

Depth to Water Table 5 - 34-48"

Rock or other impervious formations 5 - None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ (SLAB) _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 48' x 2'

Sq. Ft. _____ Linear Ft. 150'

Depth of Stone in Lines 6" Stone

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: x NORMAN SIMPSON

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparkes.

COMMENTS _____

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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