IREDELL COUNTY HEALTH DEPARTMENT 4626 34 6903

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

OWNER OR CONTRACTOR Carl WARREN DATE 6-19-84 PERMIT NO. 195

PHONE: Business _____ Home _____

LOCATION 409 TL 1115 TL 1445 ~0.7 mile on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 91 SECTION OR BLOCK NO. 8

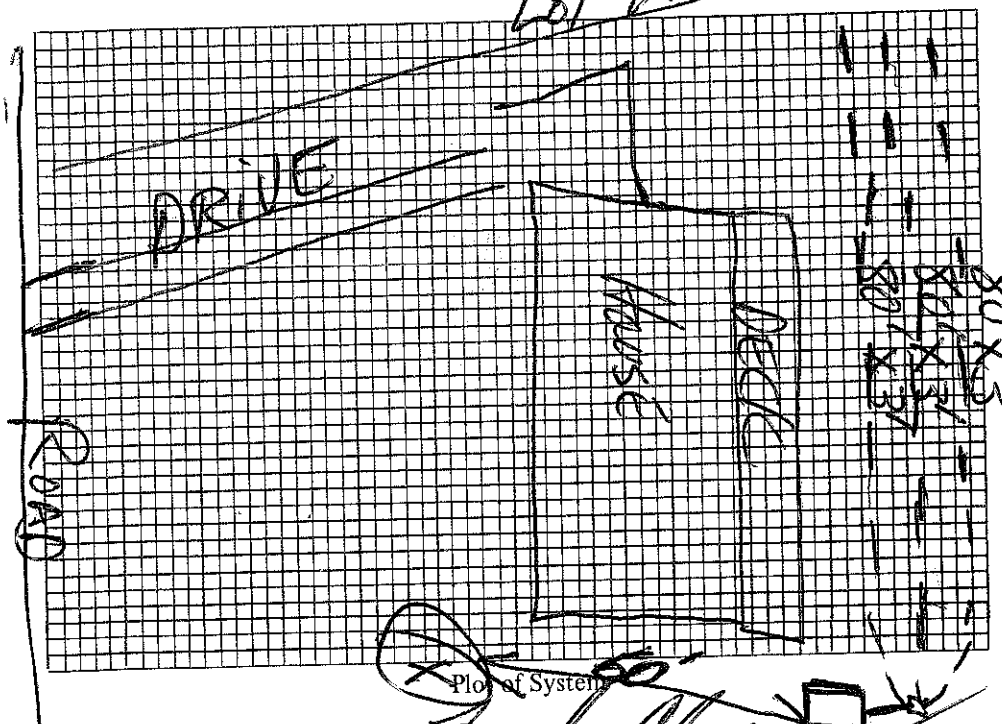
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area ~½ Acre

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gpd/sq ft/day
Topography Slope
Depth to Water Table _____
Rock or other impervious formations None observed



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by J. J. ERVIN

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

Signed: LAKE

IMPROVEMENTS PERMIT BY Fred Clemmons

COMMENTS: Lot LINE

CERTIFICATE OF COMPLETION BY Fred Clemmons DATE 6-19-84

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

12:00 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Carl Warren DATE 11-16-83 PERMIT NO. 227

PHONE: Business _____ Home _____

LOCATION 1100 R 1115 R 1445 ~0.7 mile on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 91 SECTION OR BLOCK NO. 8

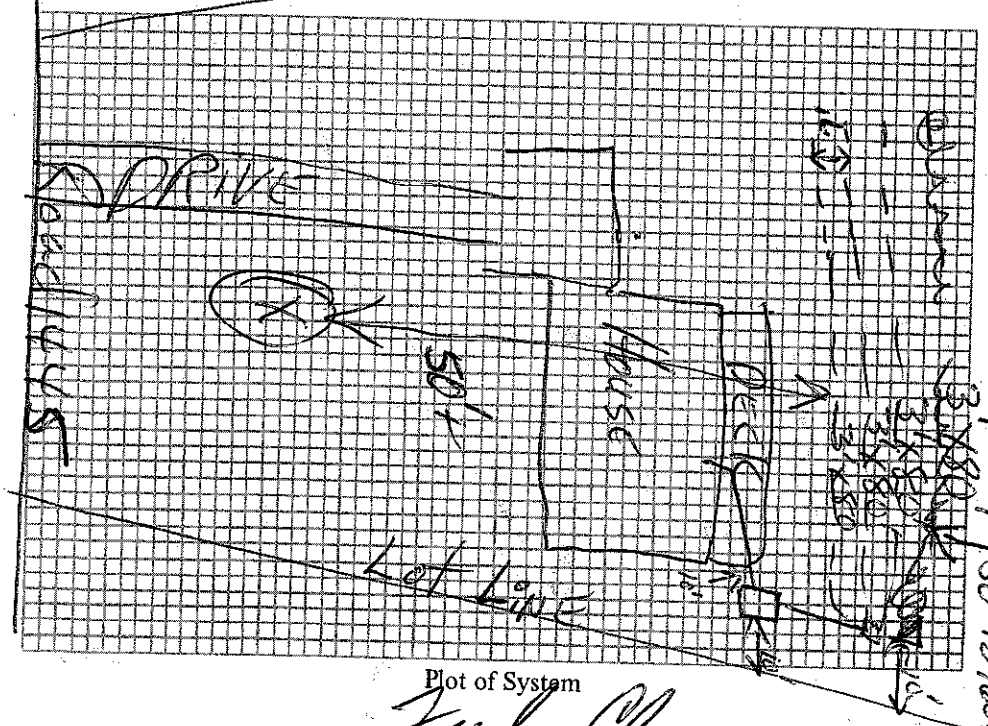
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2½

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

Lot Area ~½ ACRE

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/sq ft/day
Topography 2-8%
Depth to Water Table 4'
Rock or other impervious formations None observed



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3 240
Sq. Ft. 720 Linear Ft. _____
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: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow – no more than 1.5' cover, follow contours OK on layout
Change to 240 lft (HC)

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