4626-35-7012

10051

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 Philip Kinken DATE 11-21-89 PERMIT NO. 2F-3-A-89

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 McKentree Rd TL 1445 Kemp 1/2 mi on left. S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 89 SECTION OR BLOCK NO. 8

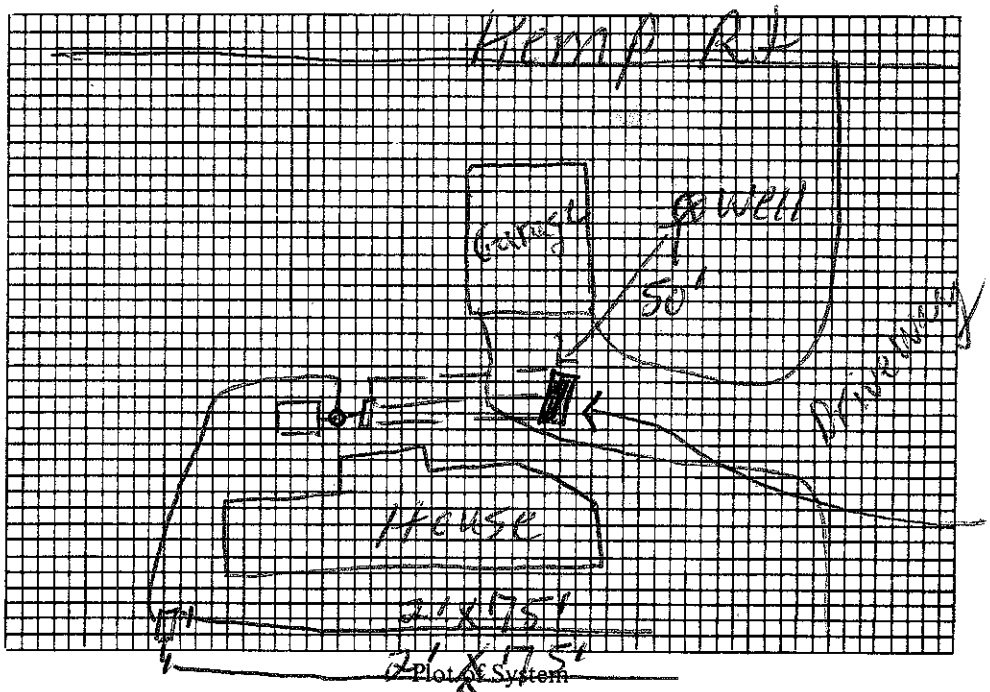
House (✓) Mobile Home ( ) Business ( ) Other Addition Drainfield replacement

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	14
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Lt to 10%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	6' to Lake level
			Rock or other impervious formations	None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

150' 16" T+J Panel

Installed by F. J. Ervin

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

Signed: Drain lines cut so that line is 50' from well

New Drain lines are on No. 1 on valve switch every 6 mos.

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: _____

Lake Norman

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 11-21-89

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

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 Philip G. Kirker DATE June 23, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) TL 1445 (Kemp Rd.) ½ mile on left

SUBDIVISION NAME LOT LAKE NORMAN LOT NO. 89 SECTION OR BLOCK NO. 8 S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition Drainfield replacement w/ Addn

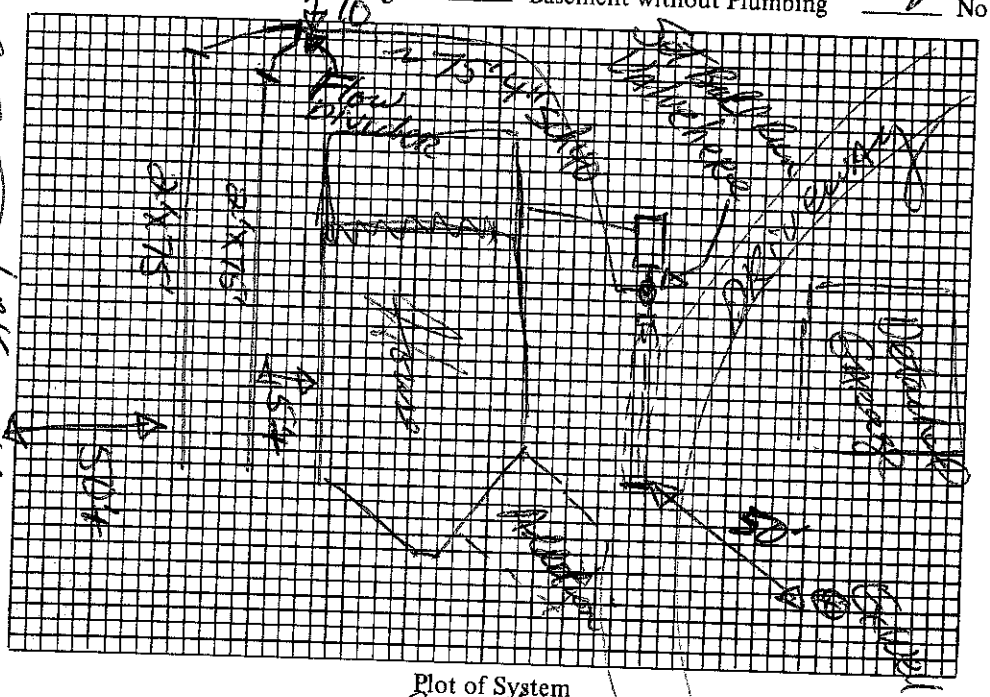
No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil clay
Percolation Rate 44
Topography 6-10%
Depth to Water Table 4+
Rock or other impervious formations none obs.

Lot Area Existing Lot Line

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 150' ea
Depth of Stone in Lines 16" & 24"
Water Supply: Individual (✓) panels Public ( ) County Flow

Installed by _____

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

Signed Philip Kirker

IMPROVEMENTS PERMIT BY J. R. Henson, RS

COMMENTS: Remove 10-15' section of old line where it intersects 50' well radius and 3' of proposed addition to disconnect approx rear half of existing drainfield. Set Ball Valve and use approx 75' of 4" sch 40 to a flow divider, then 4:2 reducers to 2 panel drainfield x 30" trench bottom max. Follow contour.

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.

Work to sewage system to be completed before final building inspections on addition

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