IREDELL COUNTY HEALTH DEPARTMENT 4626593903

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

OWNER OR CONTRACTOR Thomas S. Cates DATE June 1, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) TR 1457 (Old Cir.)

S. R. No. _____

SUBDIVISION NAME L. No. LOT NO. 405 SECTION OR BLOCK NO. 8

Building

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

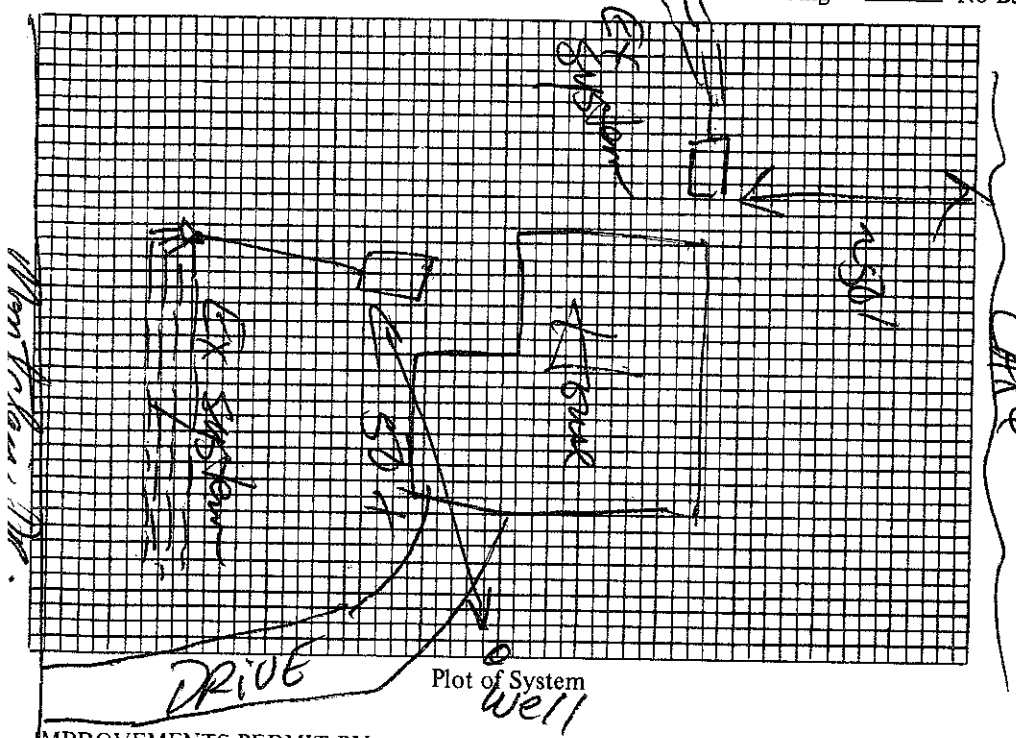
No. Bedrooms 3 No. Bathrooms 2

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

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

Lot Area Existing ✓

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement 2 existing systems



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

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing systems OK at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: R. K. Hinson, R.S. DATE June 1, '87

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 A. C. Martin DATE April 2, 1979 PERMIT NO. 80

PHONE: Business _____ Home _____

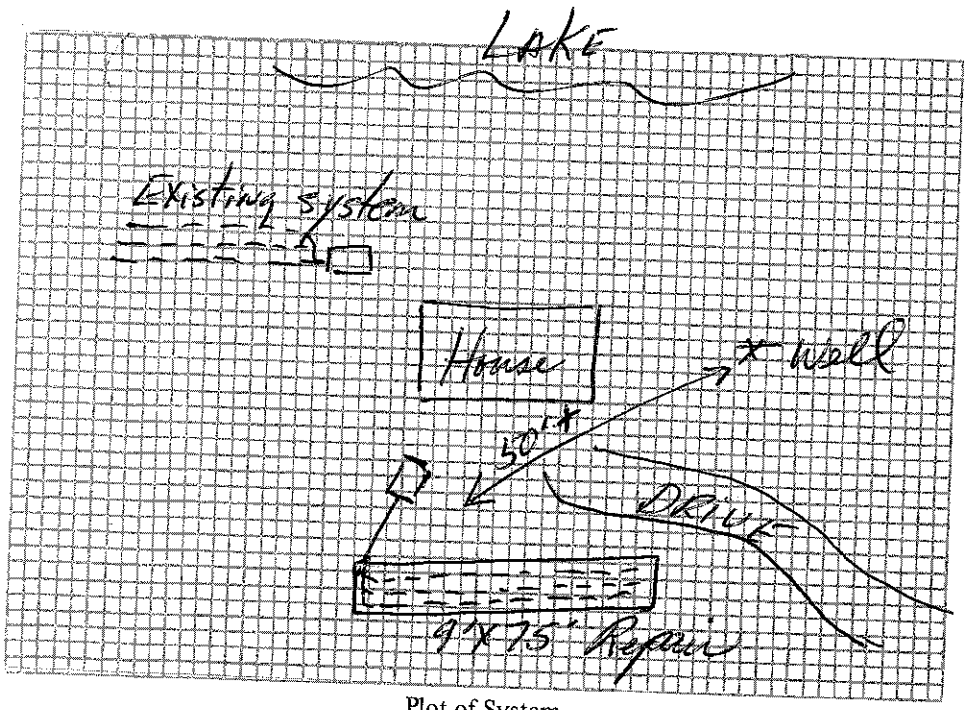
LOCATION 1100 TR on 1115 TRon 1457 1st rd to rt. at end

SUBDIVISION NAME Lake Norman S. R. No. _____ LOT NO. 405 SECTION OR BLOCK NO. 8

House (4) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (+)	Character & Porosity of Soil	clay loam	
Auto. Dishwasher	Yes (+)	No ( )	Percolation Rate	120 mpi+	
Auto. Wash. Machine	Yes (+)	No ( )	Topography	10-15%	
Site Suitable	Yes (+)	No ( )	Depth to Water Table	unk.	
Lot Area 3/4 Ac.			Rock or other impervious formations	none obs.	



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 675 Linear Ft. 225
Depth of Stone in Lines 16"+

Water Supply: Individual ( )
Public ( )

Installed by J. R. Bowles

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Henson DATE April 9, 1979

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

10:30

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 A.C. Martin DATE 6-18-79 PERMIT NO. 15

PHONE: Business _____ Home 663-1051

LOCATION 1100 TR on 1115 TR on 1517 1st Lot to right

SUBDIVISION NAME L M S. R. No. _____

LOT NO. 405 SECTION OR BLOCK NO. 8

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

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area 3/4 ac

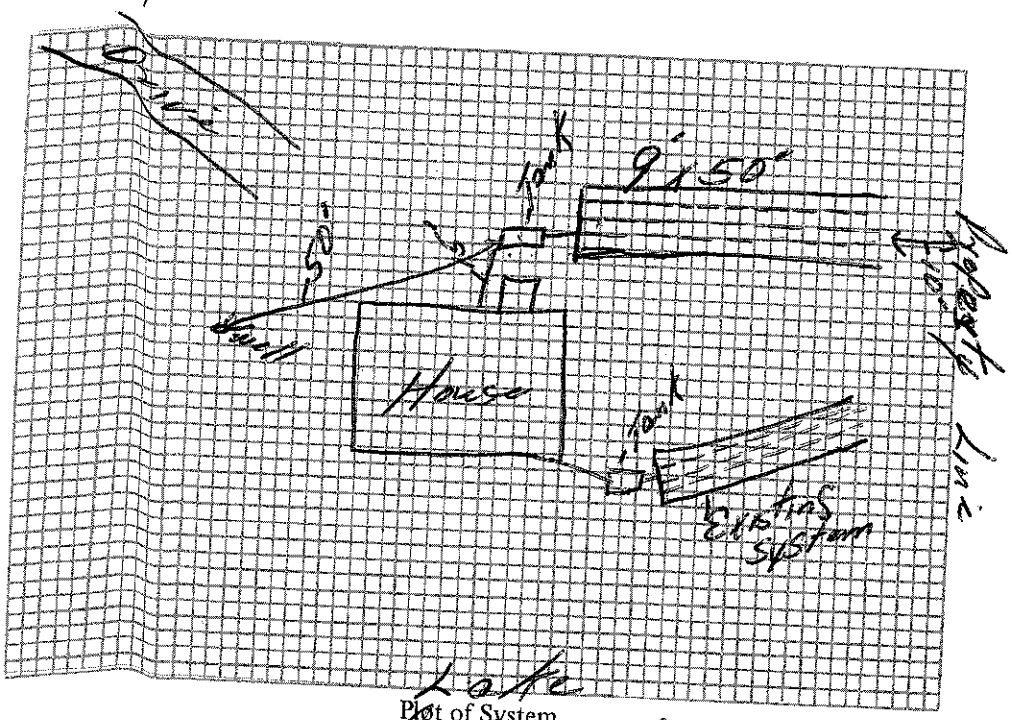
Character & Porosity of Soil Riplain Clay loam

Percolation Rate 6 min/in

Topography 3 to 5% slope

Depth to Water Table 10'+

Rock or other impervious formations None



Plot of System

Size of Tank 1000 or 800 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 450

Depth of Stone in Lines 16"

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Cut plumbing and turn part into new system

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