4626674734

# 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 David Duane Lewis DATE 6-4-86 PERMIT NO. 322

PHONE: Business _____ Home _____

LOCATION Brawley School Rd TR 1115 TR on dirt street across from McKendie Chapel Church TR at the water ~~1st lot~~ 2nd lot on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 482 SECTION OR BLOCK NO. 8

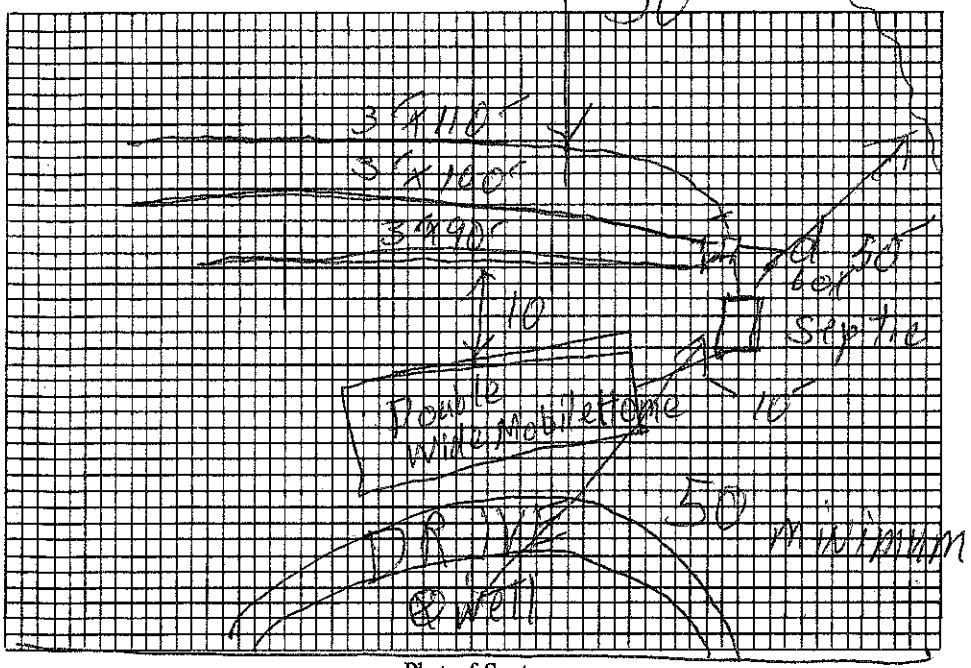
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Clay |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 49 gal/ft²/day |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2 to 6 % |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10'+ |
| | | | Rock or other impervious formations | None |

Lot Area .7 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

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 J. C. Moore

COMMENTS: 50' minimum from tank & line

CERTIFICATE OF COMPLETION BY Charles T. Bennett DATE 6-4-86

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 2:00

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

OWNER OR CONTRACTOR David Dunn Lewis DATE 5-12-86 PERMIT NO. 212

PHONE: Business _____ Home _____

LOCATION 1115 TR in front of McKenzie Ch. at water TR 1st lot on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 482 SECTION OR BLOCK NO. 8

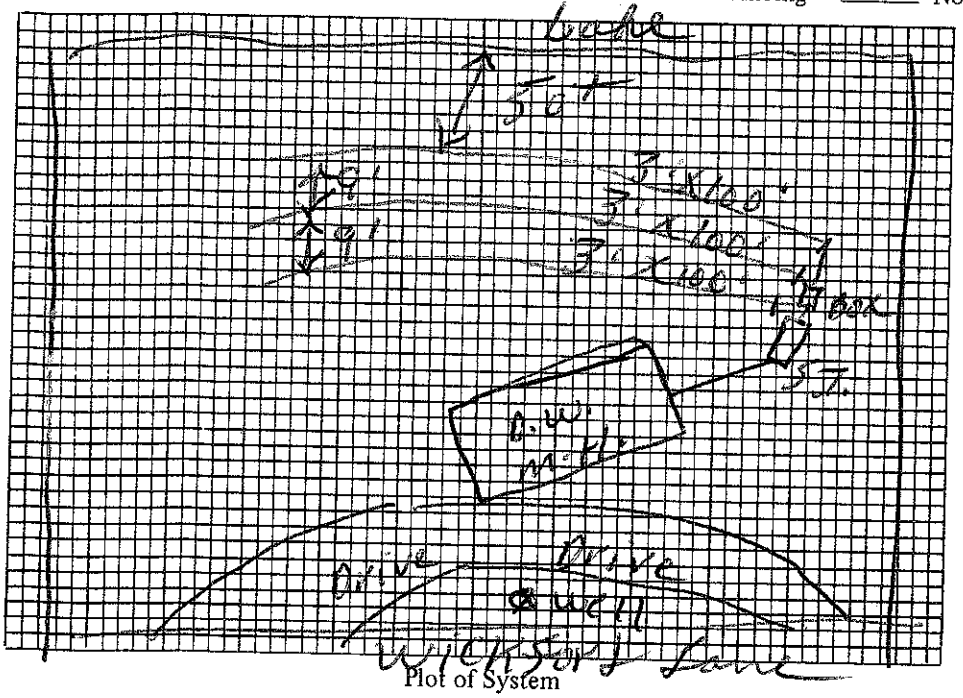
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Clayey |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 24 |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | Flat to Rolling |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10+ |
| | | | Rock or other impervious formations | None |

Lot Area .7 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: x David Lewis

IMPROVEMENTS PERMIT BY L. C. Moore

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 false information is supplied in making Improvements Permit.

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