IREDELL COUNTY HEALTH DEPARTMENT

15933
IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Rudolf A. Heer DATE March 8, '93 PERMIT NO. 2L-3-A-285

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1st Lakeview TR Abbot TR Lakeview
1/2 mile Tl Courtney at end S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 285 SECTION OR BLOCK NO. 8

House ☑ Mobile Home ☐ Business ☐ Other Replacing Existing 2 bedroom home w/ another 2 bedroom home

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics _____

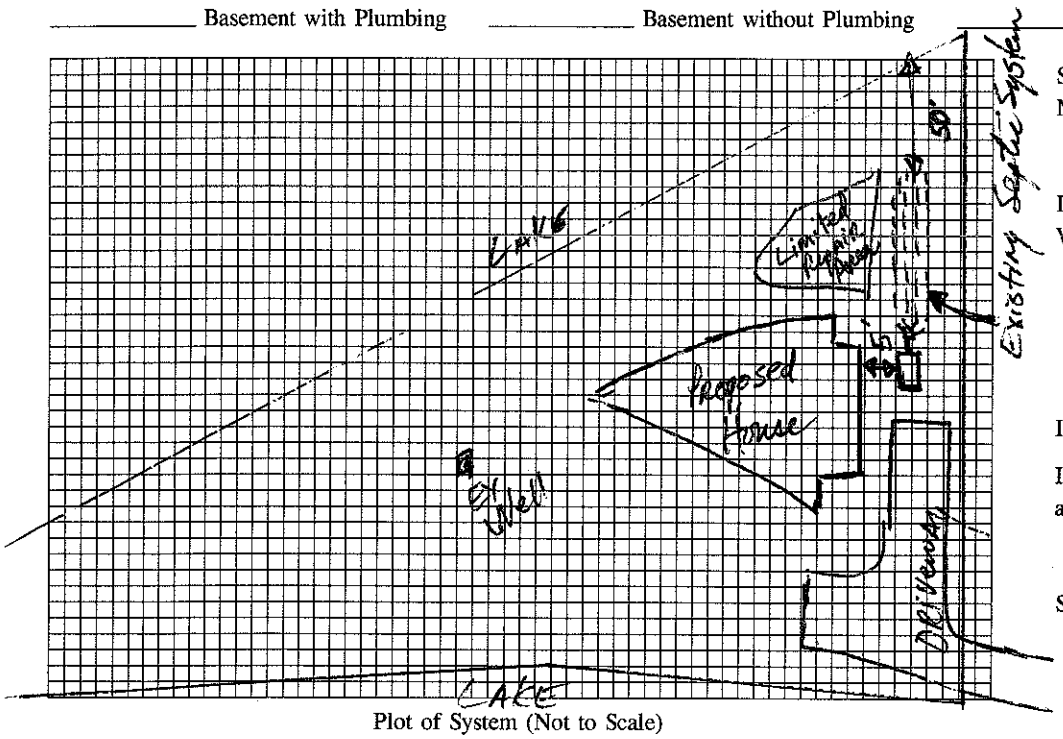
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing (w/10'x50' Bed)

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☑ Existing
Public ☐

Installed by _____

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 Existing septic system showing no visual sign of malfunction as of this date. Maintain 5' + off septic system with proposed house.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY David R. Hinson, RS DATE 3/8/93

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

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 Paul Hedrick DATE 4-3-04 PERMIT NO. 68

PHONE: Business _____ Home _____

LOCATION 1140 Troon Rd 3rd Rd TR right at end on Point

S. R. No. 1810

SUBDIVISION NAME Lake Norman LOT NO. 225 SECTION OR BLOCK NO. 2

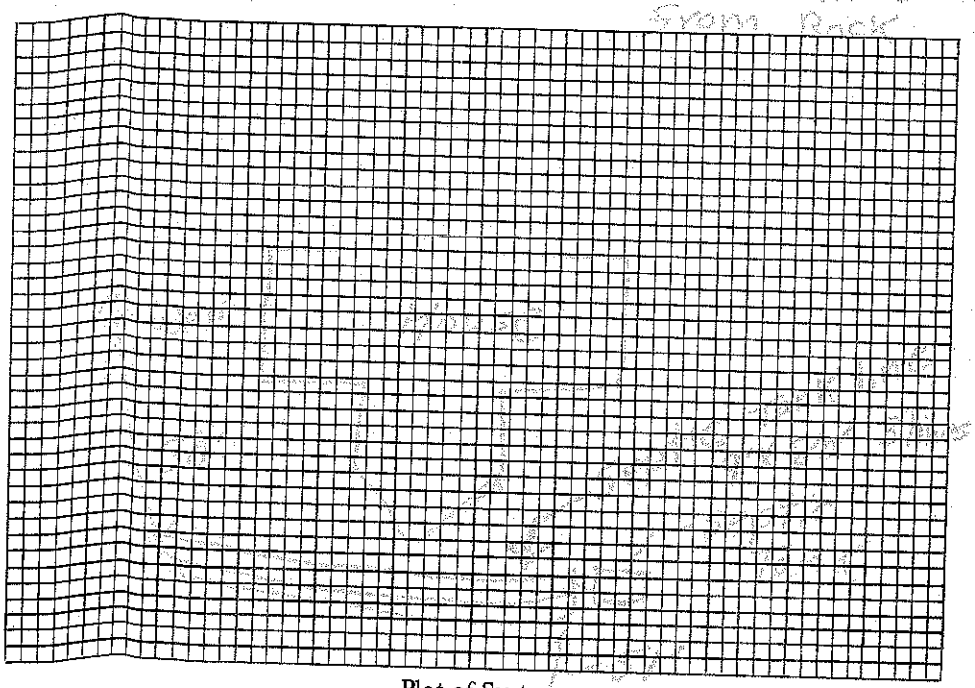
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 4 acre

Character & Porosity of Soil Fine Sandy clay (Porosity good)
Percolation Rate 25" min Avg
Topography 2 to 20% Slope
Depth to Water Table 10'
Rock or other impervious formations Rock in Area
Hit Rock in Tank Hole but area Where lines were installed was free From Rock



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 24"

Water Supply: Individual (X)
Public ( )

Installed by E. T. Erwin

IMPROVEMENTS PERMIT BY T. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY T. C. Moore DATE 4-3-04

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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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 Phillip R Hedrick DATE 3-14-14 PERMIT NO. 52

PHONE: Business _____ Home _____

LOCATION 160 TR 60 on RT 90 and RT TR next right on end on Right

S. R. No. 1660

SUBDIVISION NAME Lake Norman LOT NO. 235 SECTION OR BLOCK NO. 2

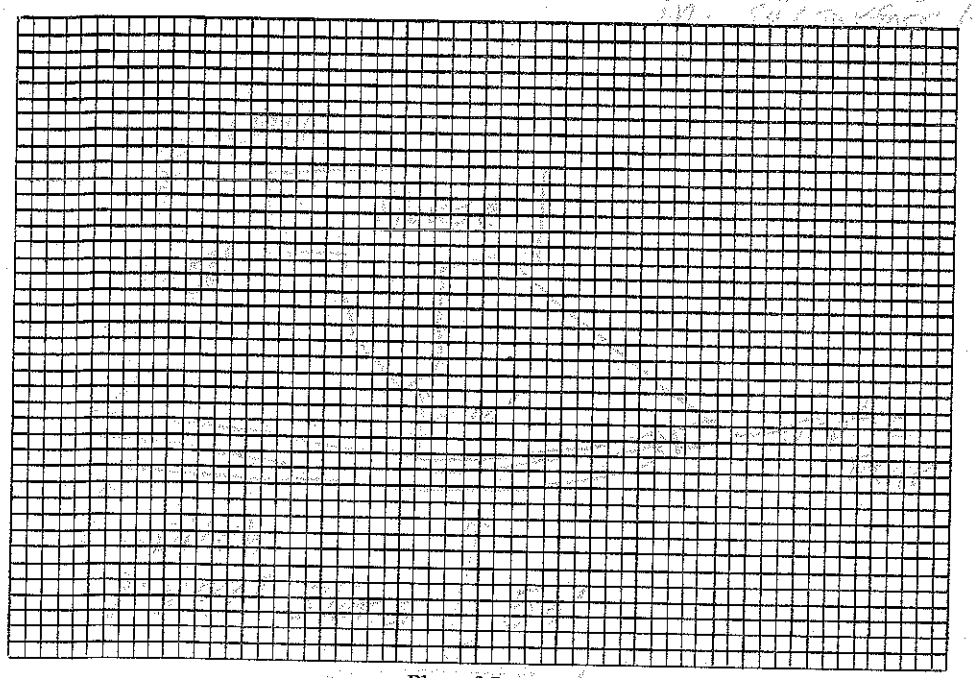
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Fine Sandy Loam	Porosity Good
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2 min/inch	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level Lawn	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Lot	
			Rock or other impervious formations	Rock in area	

Lot Area 1 acre

Dug Test Hole in area of Septic Line Sand Found we could get Rock in Excavation Lower than Pipe Will



Plot of System Lot Plan

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 225 Linear Ft. 2000
Depth of Stone in Lines 24"

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY John C. Moore

COMMENTS: _____

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