4627204270

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 Glen O. Owen DATE 3-21-85 PERMIT NO. 103

PHONE: Business _____ Home _____

LOCATION 1100 IR 1115 ; IR 1455 ½ mile on R below Abbott Road

SUBDIVISION NAME LAKE NORMAN LOT NO. 347 SECTION OR BLOCK NO. 5 S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area ~ ¾ ACRE

Character & Porosity of Soil SC Clay loam

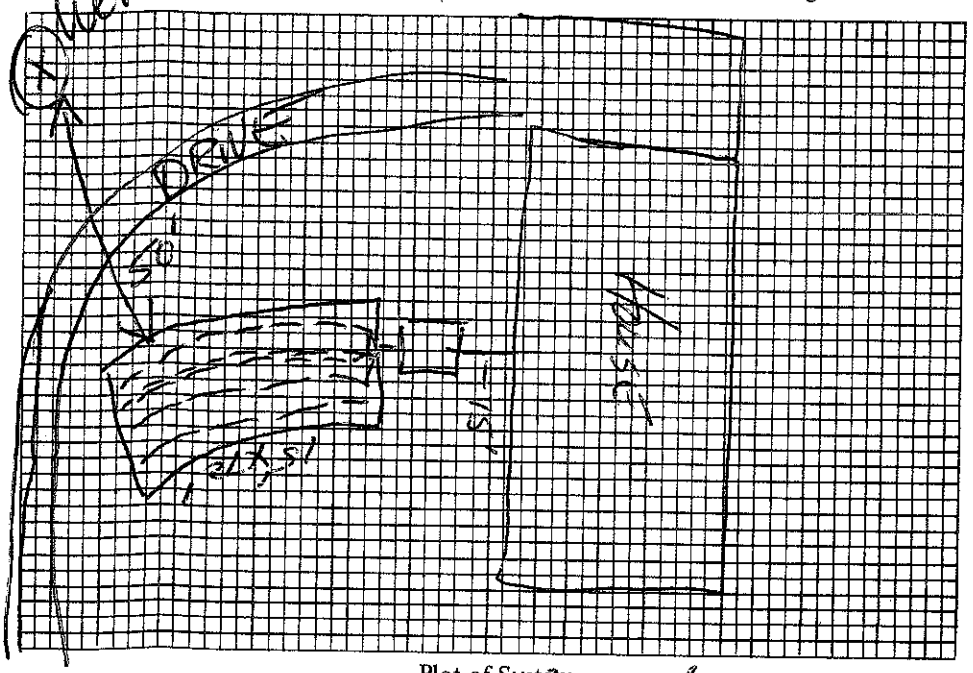
Percolation Rate 0.5 gal

Topography Hilly

Depth to Water Table 10-15 ft

Rock or other impervious formations NONE OBX

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by J. H. Erwin Jr.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 3-21-85

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 Glen D. Owen DATE 9-10-84 PERMIT NO. 241

PHONE: Business _____ Home _____

LOCATION 1100 Block of TR 1455 ½ mile ONR (below Hood Road)

SUBDIVISION NAME LAKE NORMAN S. R. No. _____

LOT NO. 347 SECTION OR BLOCK NO. 8

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

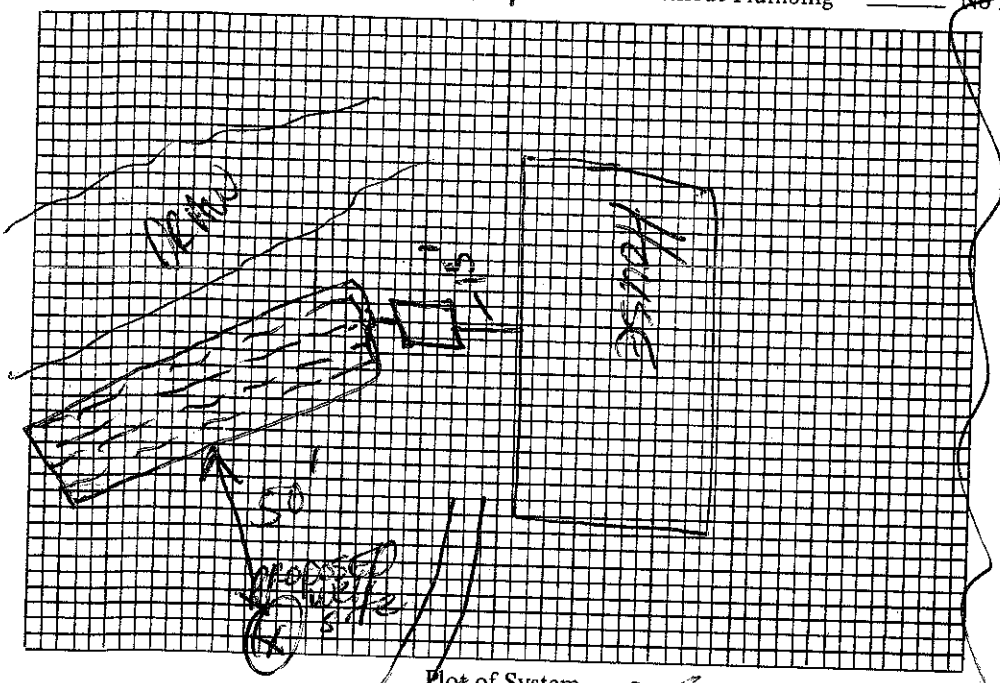
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~3/4 ACRE

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft²/day
Topography 2-10%
Depth to Water Table 4'
Rock or other impervious formations NONE OBS.

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1050 Linear Ft. 360
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: X Steve Brothers

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow Want 1.5' cover over drain field

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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