4627301123

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James C. Pressor DATE May 4, '93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR Ardmore near end on right S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 352 SECTION OR BLOCK NO. 8

House ☑ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms 5 No. Bathrooms 3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1/2-3/4 ac.

Soil Characteristics clay

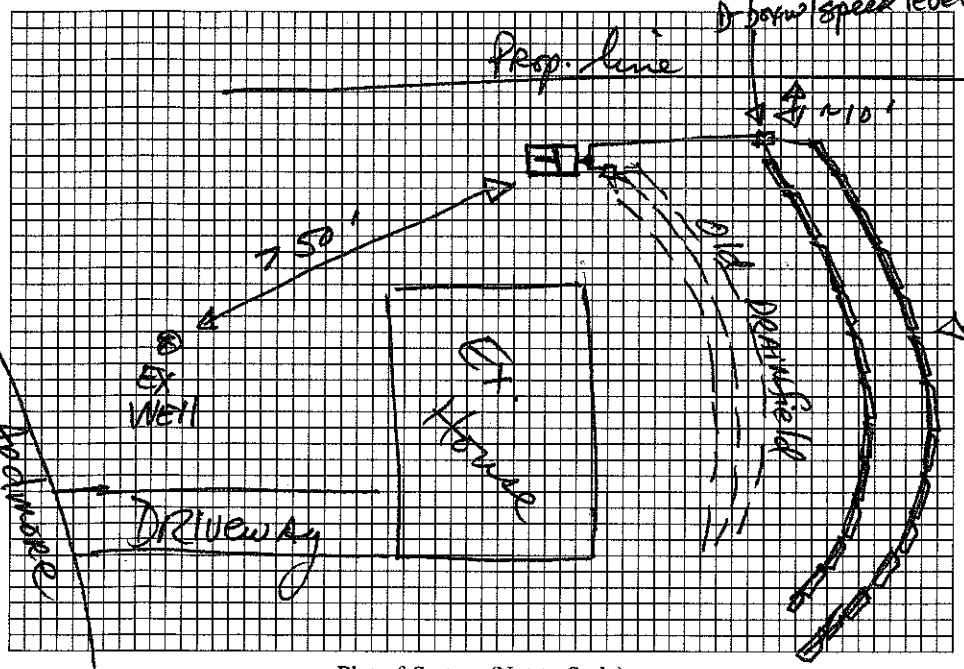
Application Rate .3

Topography 15-25%

Depth to Water Table 76'

Rock or other impervious formations NONE obs.

✓ 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 2

Sq. Ft. _____ Linear Ft. 198 of 16" PPBPS

Depth of Stone in Lines gravity

Water Supply: Individual ☑ Public ☐

Installed by Tim Simmons

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 DRH

COMMENTS Upper line (new trench) deep approx. midways to end of trench (~2' cover). No problem noted w/ soil. Approx 5-10' short on overall footage due to depth, slope on lot and proximity to lake.

CERTIFICATE OF COMPLETION BY DRHarmon IRS DATE 5/4/93

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 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

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James C. Presson DATE Feb. 22, '93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR Ardmore NEAR END on Right

S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 352 SECTION OR BLOCK NO. 8

House ☑ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms 5 No. Bathrooms ~3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1/2-3/4 Ac.

Soil Characteristics _____

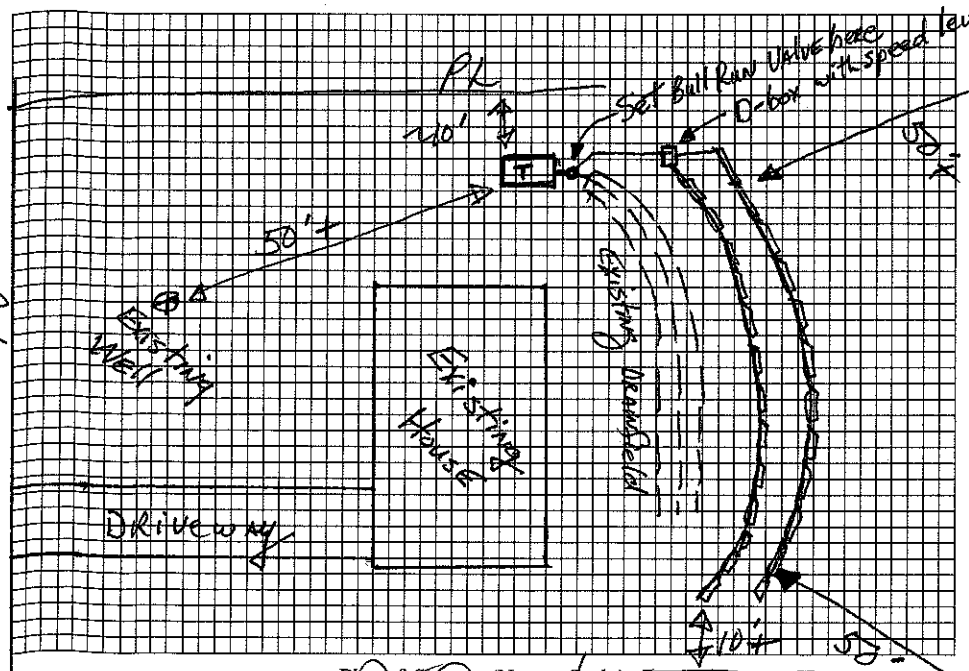
Application Rate _____

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 2

Sq. Ft. _____ Linear Ft. 200 of 16" PPBS

Depth of Stone in Lines gravity flow

Water Supply: Individual ☑ Public ☐ LAKE NORMAN

Installed by _____

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

Signed: Katrine Presson

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY David R. Anson, RS

COMMENTS Follow contours with new lines. Original drainfield was sized for 3 bedroom capacity, the repair (panel block) drainfield is an effort to compensate for what actually exists.

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 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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

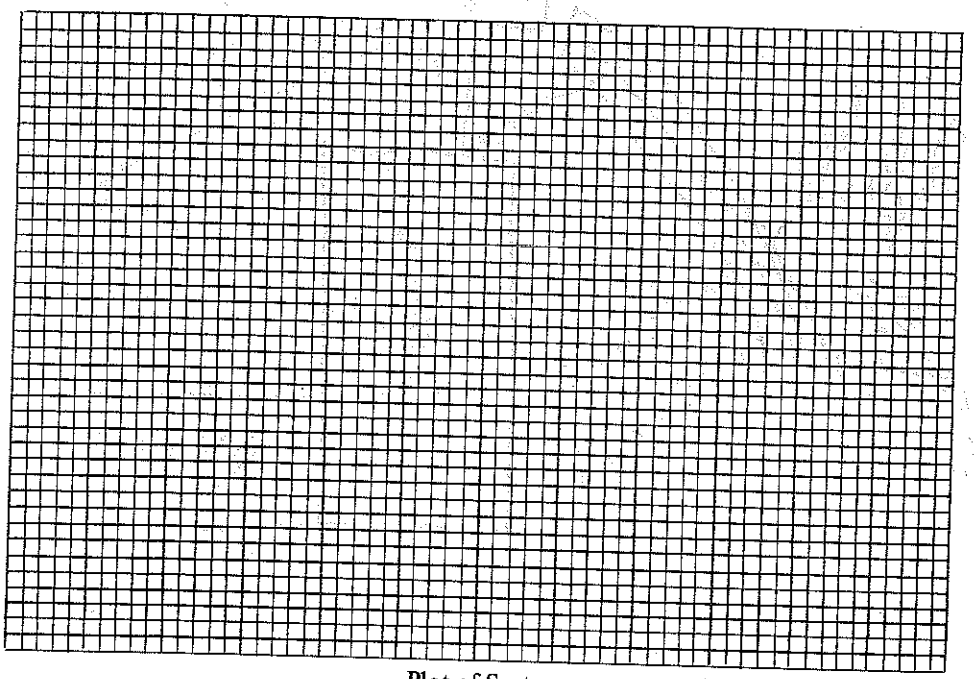
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

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



Plot of System

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

Installed by _____

IMPROVEMENTS PERMIT BY _____

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

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 _____ DATE _____ PERMIT NO. 121

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

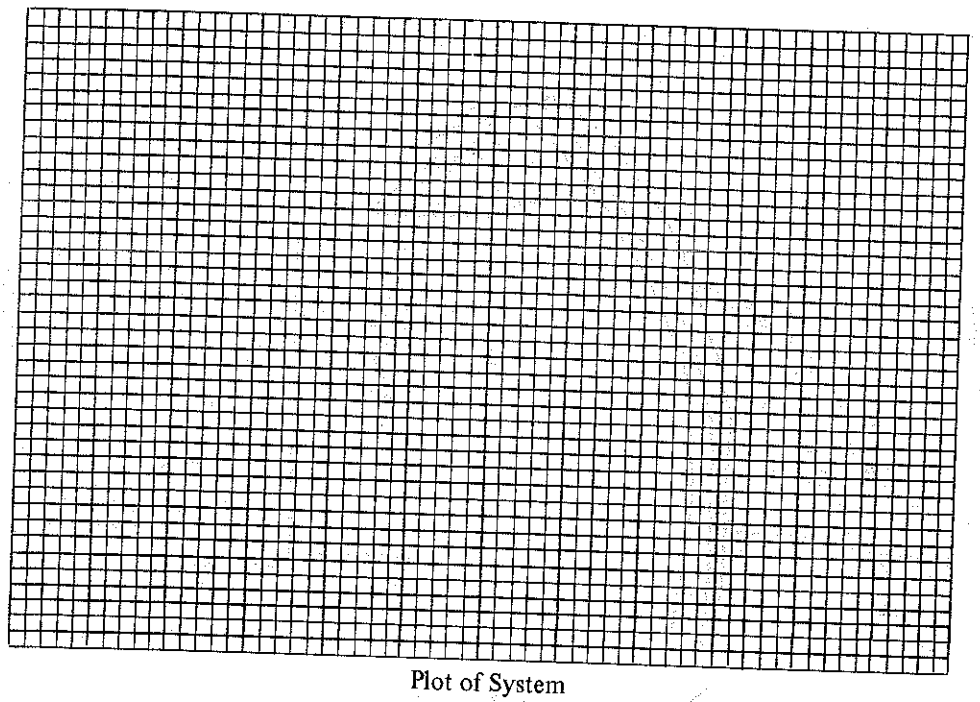
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

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



Plot of System

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

Installed by _____

IMPROVEMENTS PERMIT BY _____

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