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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 Dale Starnes DATE 8-23-78 PERMIT NO. 203

PHONE: Business _____ Home 332-1116

LOCATION 1400 TR on 1145 TR on 1457 , at Right , of Lot at end S. R. No. _____

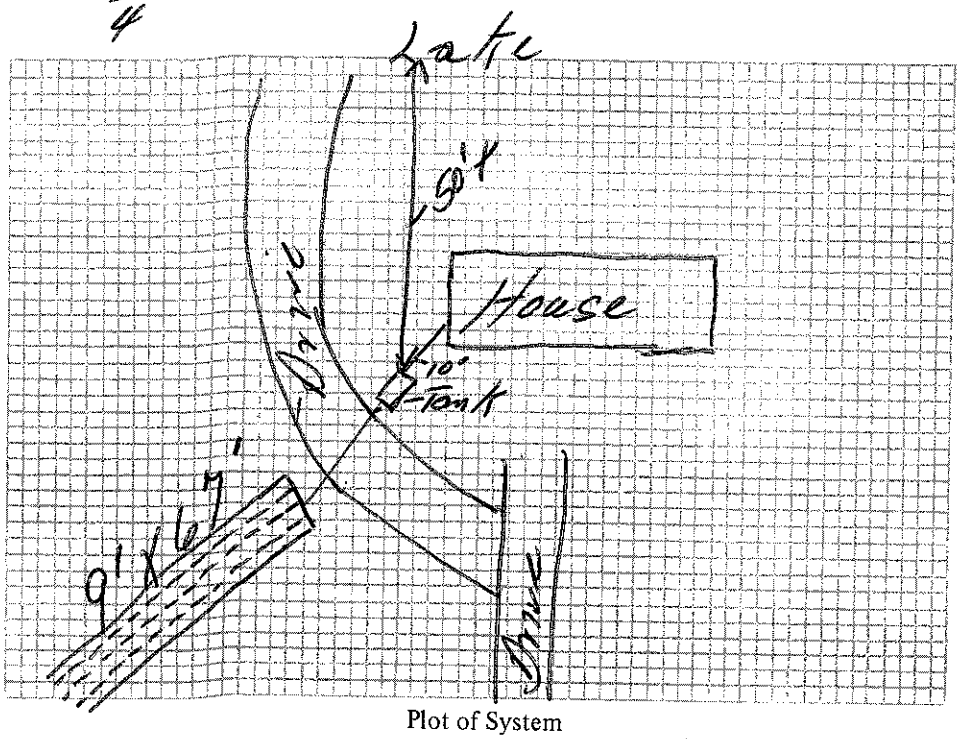
SUBDIVISION NAME L N. LOT NO. 401 SECTION OR BLOCK NO. 8

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

No. Bedrooms 1 No. Bathrooms 1

Garbage Disposal Unit	Yes	( )	No	(✓)	Character & Porosity of Soil: Clay loam
Auto. Dishwasher	Yes	( )	No	(✓)	Percolation Rate: 60 min/in
Auto. Wash. Machine	Yes	(✓)	No	( )	Topography: 8% Slope
Site Suitable	Yes	(✓)	No	( )	Depth to Water Table: 6' to 8'
					Rock or other impervious formations: None

Lot Area 3 acre / 4



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )
well Next Door

Installed by Wayne Osborn

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 8-23-78

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

2:30

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 Dale Stamas DATE 8-2-78 PERMIT NO. 220

PHONE: Business _____ Home 332-1116

LOCATION 1100 TR on 1145 TR on 1457 1st Right 1st Left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 401 SECTION OR BLOCK NO. 8

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

No. Bedrooms 1 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area ¾ acre

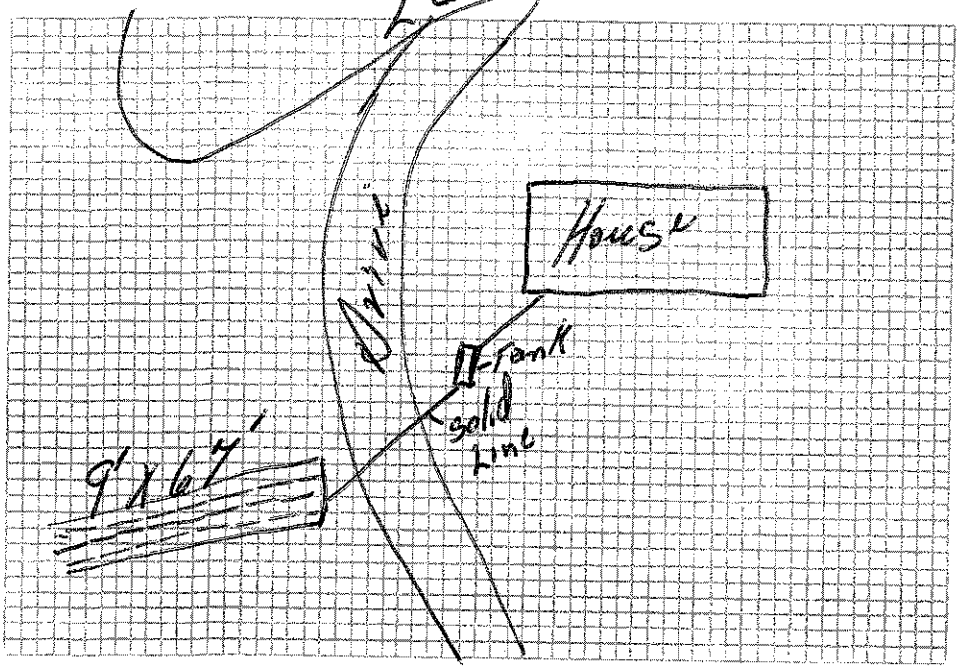
Character & Porosity of Soil Clay loam

Percolation Rate 60 min/in

Topography 8% Slope

Depth to Water Table 18+

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 16

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY John Houston

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