4627607131

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 _____

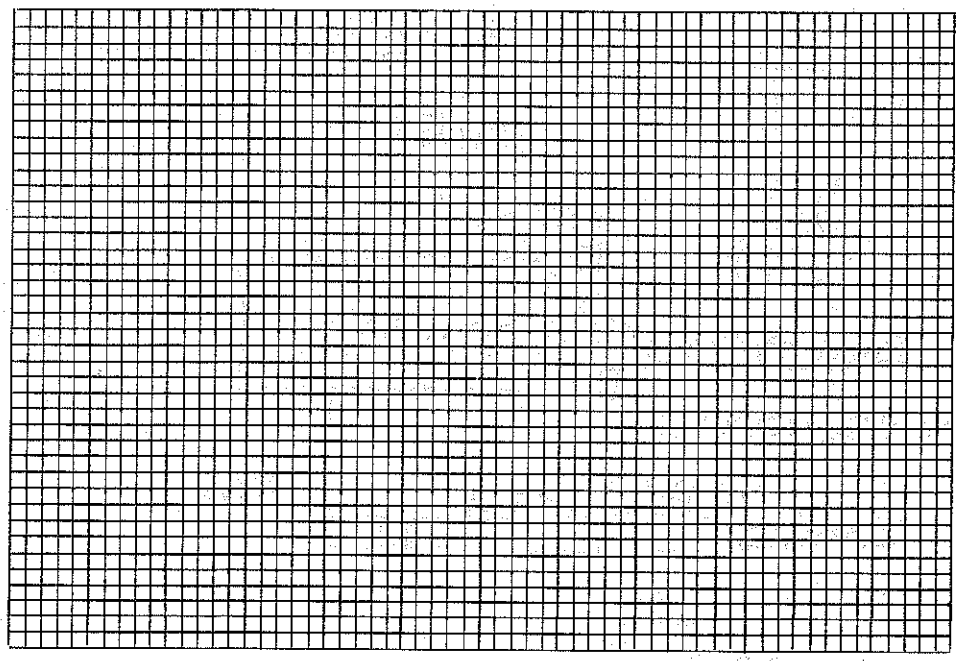
Character & Porosity of Soil _____

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 Clay Rollins DATE 10-2-91 PERMIT NO. 290

PHONE: Business _____ Home _____

LOCATION 1100 TR on 1115 Then TR on 1215 1st right 1/2 mi on right S. R. No. 1215

SUBDIVISION NAME Lake Norman LOT NO. 459 SECTION OR BLOCK NO. 5

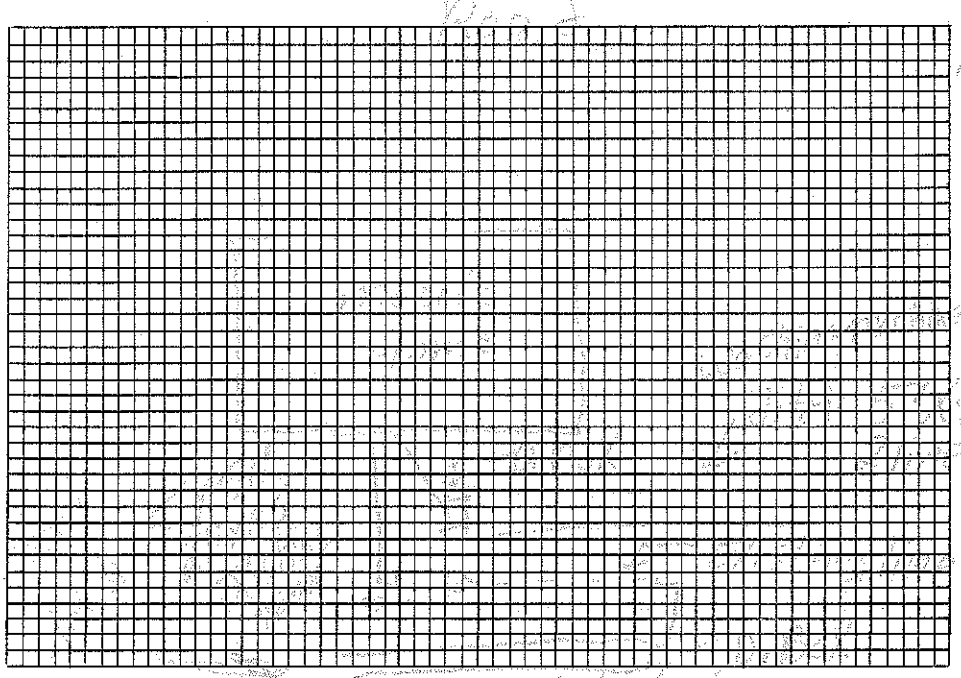
House ( ) Mobile Home ( ) Business ( ) Other Double wide mobile Home

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 2 acres

Character & Porosity of Soil Clay loam Porosity Fair
Percolation Rate Not taken
Topography 2 in Top Side
Depth to Water Table 2 to 2½ ft to lake level
Rock or other impervious formations None



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 500 Linear Ft. 200
Depth of Stone in Lines 18"
Water Supply: Individual (✓)
Public ( )

Installed by Owner

IMPROVEMENTS PERMIT BY J. C. Nestor

COMMENTS: System was added to in order to bring up to standards

CERTIFICATE OF COMPLETION BY J. C. Nestor DATE 10-8-91

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 Clay Fallaw DATE 7-12-21 PERMIT NO. 259

PHONE: Business _____ Home _____

LOCATION 100 TR on 115 from TR on Stony Point on right S. R. No. 1215

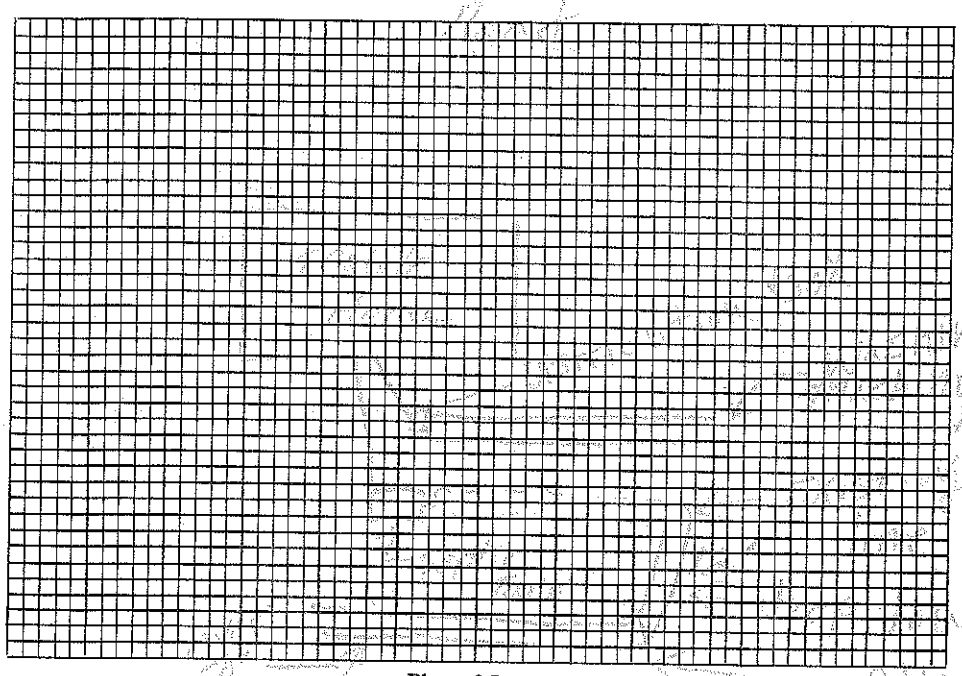
SUBDIVISION NAME Lake Norman LOT NO. 42 SECTION OR BLOCK NO. 8

House ( ) Mobile Home ( ) Business ( ) Other Double wide mobile home

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 2 acres

Character & Porosity of Soil Clay loam Porosity Fair
Percolation Rate Not tested
Topography 3 to 5% Slopes
Depth to Water Table 4 ft + above last recorded
Rock or other impervious formations none



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. See Linear Ft. 200
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by _____

Existing Main Field 5'X50' 2 lines
Added ditch 5'X50' 2 lines

IMPROVEMENTS PERMIT BY L.C. moore

COMMENTS: Existing is not adequate for double wide mobile home. To make adjustments to system as Specified in drawing. Also Trade wide mobile Homes must be disconnected and pulled off lot before approval issued

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