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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 Gerald Malone DATE 3-28-86 PERMIT NO. 133

PHONE: Business ______ Home ______

LOCATION 1100 (Brawley School Rd) TR on McKendie (1115) TR onto Grasshopper ½ mile on left right (bear right at fork S. R. No. ______

SUBDIVISION NAME Lake Norman LOT NO. 453 SECTION OR BLOCK NO. 8

House ( ) Mobile Home (✓) Business ( ) Other adding on

No. Bedrooms ______ No. Bathrooms ______ Existing

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil ______

Percolation Rate ______

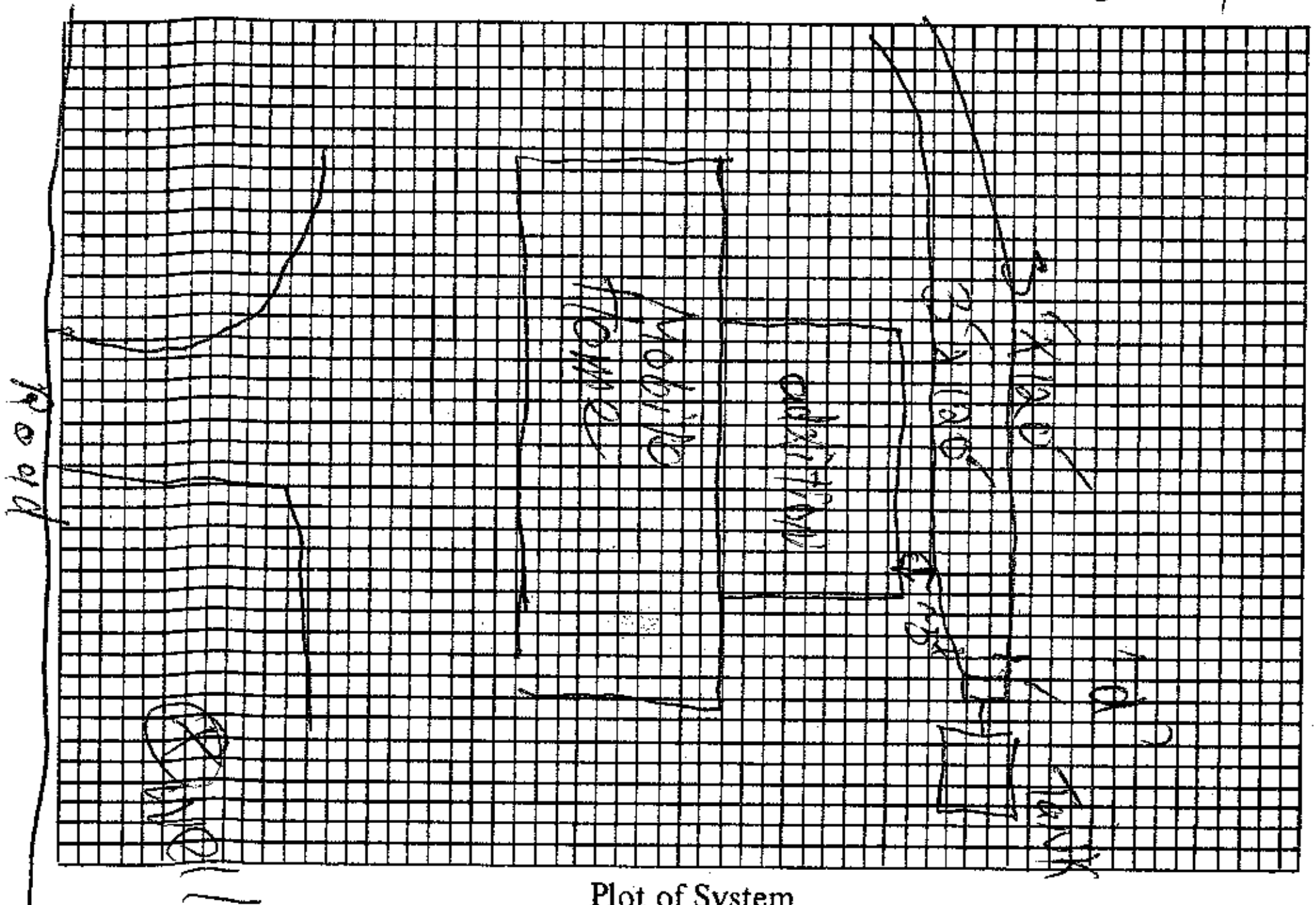
Topography ______

Depth to Water Table ______

Rock or other impervious formations ______ Existing

Lot Area ______

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



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 ______

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

Signed: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: existing working OK at date of inspection system is OK for 3 bedroom house

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 3-28-86

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 W. G. Malone DATE May 8, 1979 PERMIT NO. 131

PHONE: Business _____ Home _____

LOCATION 1100 TR. on 1115 TR on 1215 ~ 1 mi. on Rt.

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 455 SECTION OR BLOCK NO. 8

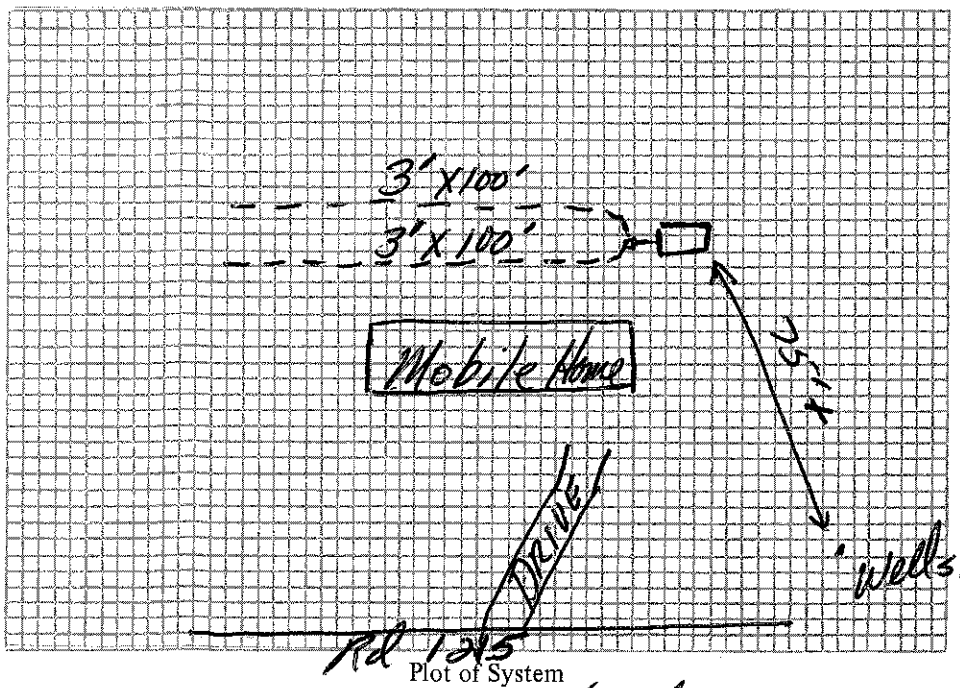
House ( ) Mobile Home (✓) Business ( ) Other _____

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 3/4 Ac.

Character & Porosity of Soil Clay Loam
Percolation Rate 4-6 mpi
Topography Rolling
Depth to Water Table unk.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Leon Thompson

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE May 8, 1979

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

9:00 After

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 W. G. Malone DATE 2-2-79 PERMIT NO. 26

PHONE: Business _____ Home 919 993-4065

LOCATION 1100 I R on 1115 I R on 1215 1 mi on right

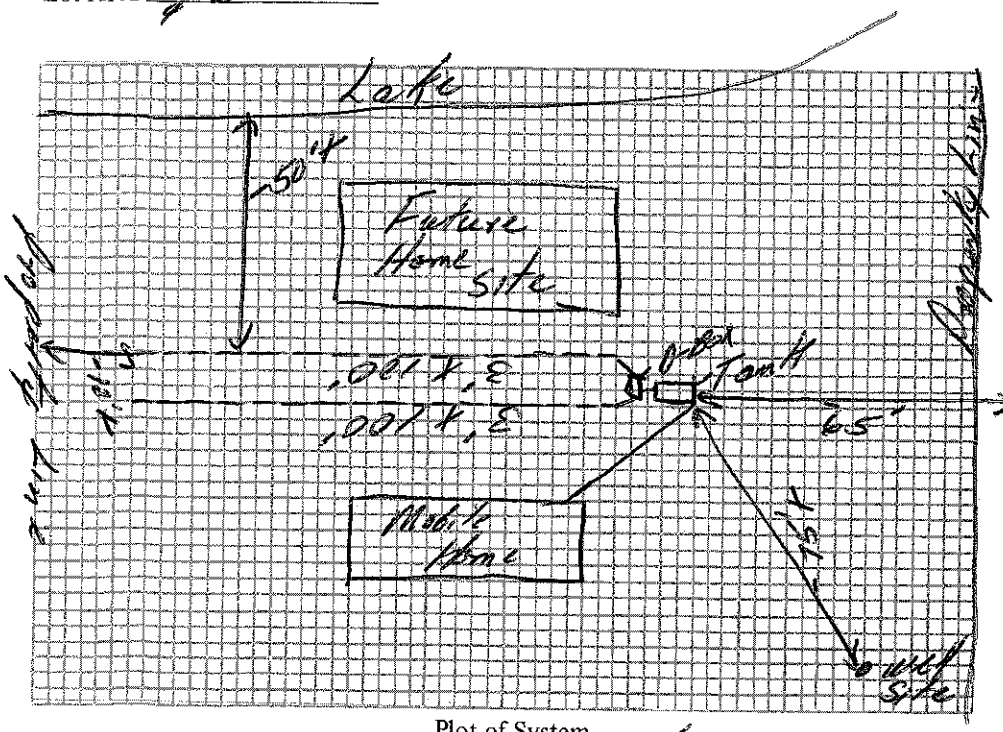
S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 455 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2

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	4 to 6 % Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	6' to 8'	
Lot Area 3/4 ac			Rock or other impervious formations	None	



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 10"

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