IREDELL COUNTY HEALTH DEPARTMENT 4627-61-8683

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Gary Snyder DATE 3/26/84 PERMIT NO. 73

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1215 (Grasshopper Circle)
Bear R Af Forks 1/2 mile on NR

SUBDIVISION NAME Lake Norman Lee 8 LOT NO. 449 SECTION OR BLOCK NO. B S. R. No. _____

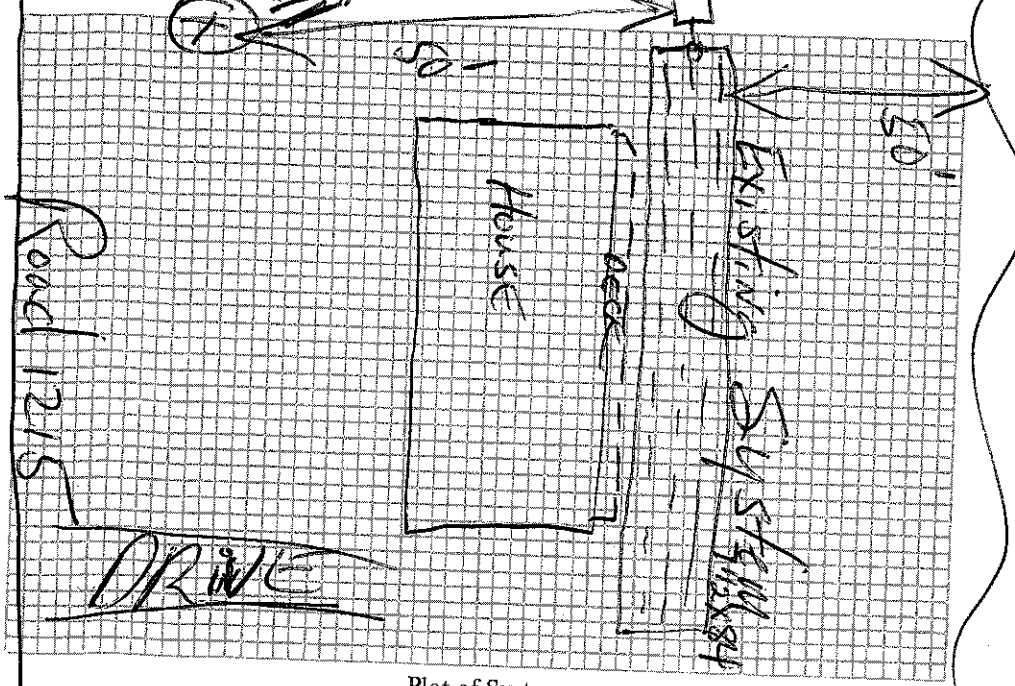
House (X) Mobile Home ( ) Business ( ) Other _____

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 Existing

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



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. 625 Linear Ft. 250
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: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System working Ok at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 3/26/84

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 Ed [illegible] DATE 2-22-05 PERMIT NO. _____

PHONE: Business _____ Home 704-299-3599

LOCATION 1100 TR on 115 to TR on 1215 Rd on right

S. R. No. 1215

SUBDIVISION NAME Lake Norman LOT NO. 249 SECTION OR BLOCK NO. 5

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

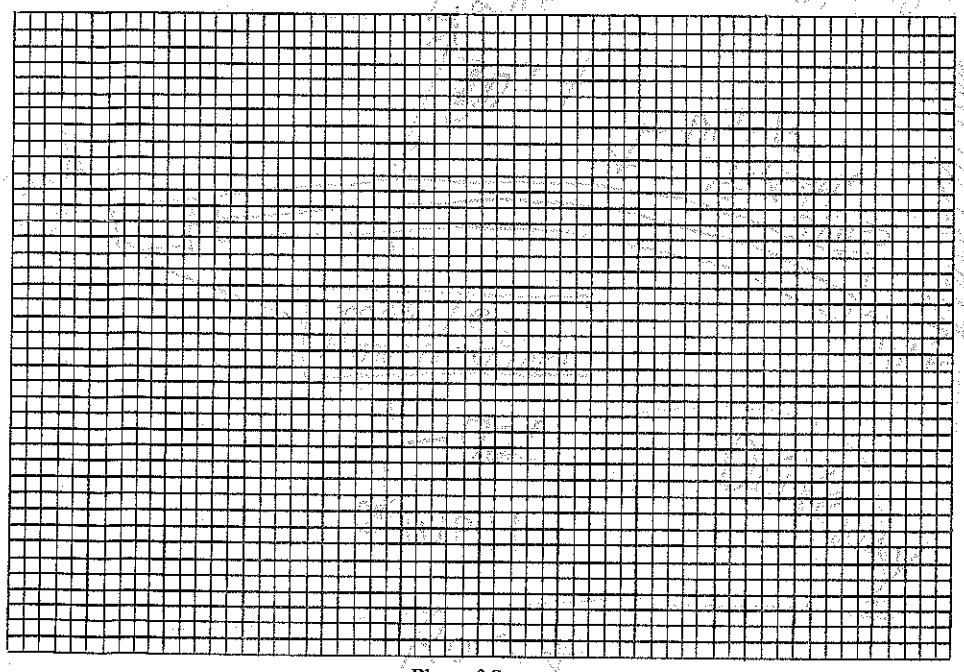
No. Bedrooms 2 No. Bathrooms 1

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

Lot Area 3 acre

Character & Porosity of Soil Sandy clay loam
Percolation Rate 20 mpi
Topography Slope
Depth to Water Table 10'+
Rock or other impervious formations bed rock some

Lake



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 150
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Dwight

IMPROVEMENTS PERMIT BY L. C. Wright

COMMENTS: System was installed in ok however there was much sandy soil in area system functioning properly

CERTIFICATE OF COMPLETION BY L. C. Wright DATE 2-22-05

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 Ed Investors DATE 7-11-05 PERMIT NO. 222

PHONE: Business _____ Home 704-209-3590

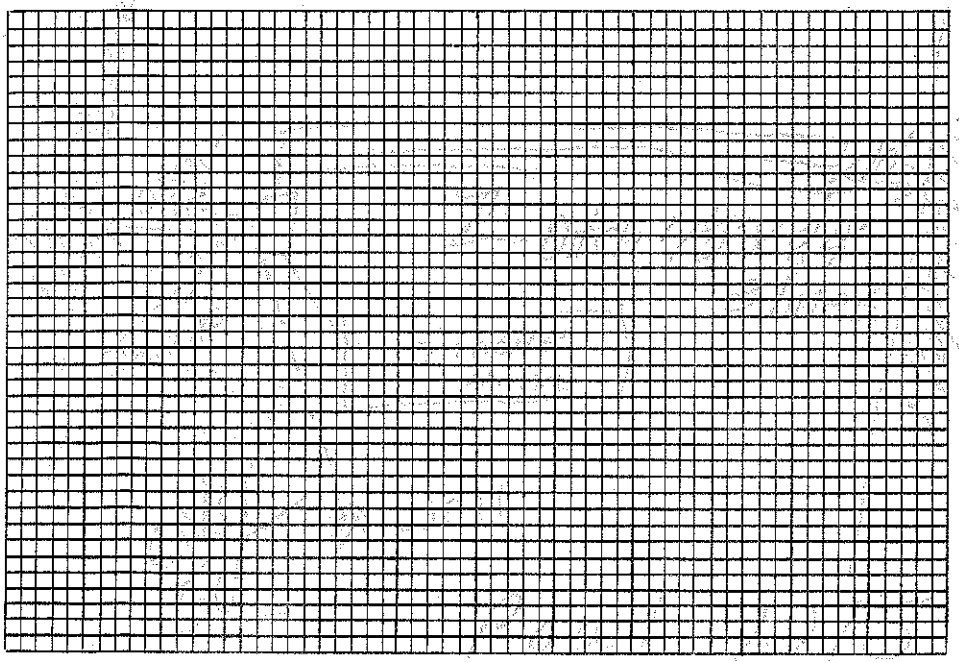
LOCATION Hwy 115 TR on 115 from TR on 115
Hwy on right S. R. No. 1216

SUBDIVISION NAME Lake Norman LOT NO. 179 SECTION OR BLOCK NO. 2

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

No. Bedrooms	3	No. Bathrooms	1	Character & Porosity of Soil	Sandy Clay loam / Porous
Garbage Disposal Unit	Yes ( )	No	(✓)	Percolation Rate	30 min / inch
Auto. Dishwasher	Yes (✓)	No	( )	Topography	2 to 20% Slope - on knoll
Auto. Wash. Machine	Yes ( )	No	(✓)	Depth to Water Table	10' +
Site Suitable	Yes (✓)	No	( )	Rock or other impervious formations	None

Lot Area 30 acres



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 750
Depth of Stone in Lines 24"

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

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