# 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 Norman McCall DATE 4-28-05 PERMIT NO. 290

PHONE: Business _____ Home _____

LOCATION 150 West TL on 115 TL on 2219
2nd

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 140 SECTION OR BLOCK NO. 10

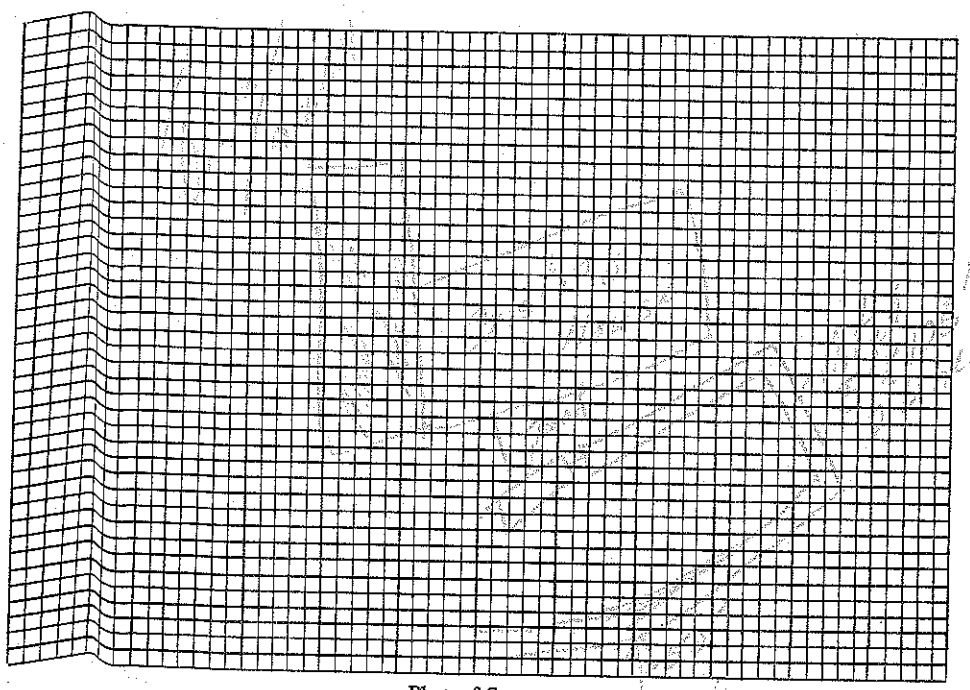
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 3 acre

Character & Porosity of Soil Clay loam Favorable
Percolation Rate 5-7 min/in
Topography 2 to 3 slopes
Depth to Water Table 60" to 70"
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 18"
Water Supply: Individual (X)
Public ( )

Installed by Hub Scott Const Co.

IMPROVEMENTS PERMIT BY J. C. Yates Mason

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Hub Scott DATE 5-27-05

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 Nivens Install DATE 2-10-05 PERMIT NO. 285

PHONE: Business _____ Home _____

LOCATION To Lake Norman Turn Down Left Follow To End

_____ S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 140 SECTION OR BLOCK NO. 6

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 .59 acre

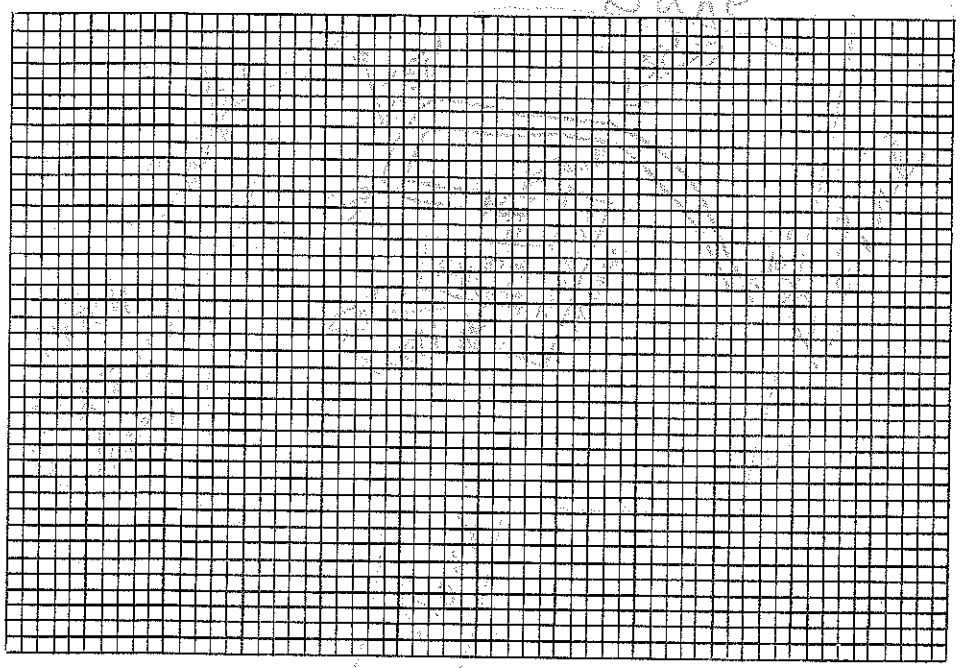
Character & Porosity of Soil Clay Loam Saprolite

Percolation Rate 2 min/inch Soil Loam

Topography 2 to 20% Slope

Depth to Water Table 24+

Rock or other impervious formations None




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 225 Linear Ft. 375

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY J. Cannon

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