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IREDELL COUNTY HEALTH DEPARTMENT

13331

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

OWNER OR CONTRACTOR John R. Sailstad DATE 9/20/91 PERMIT NO. 2L-6-A-138

PHONE: Business _____ Home 664-5274

LOCATION Hogan Ln (1219) 150 W, TL Poundie Peninsula (D) Junk on Greenbay, TR on Hogan to 6th lot on (L) S. R. No. 1219

SUBDIVISION NAME Crescent - Lake Norman LOT NO. 138 SECTION OR BLOCK NO. 10

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

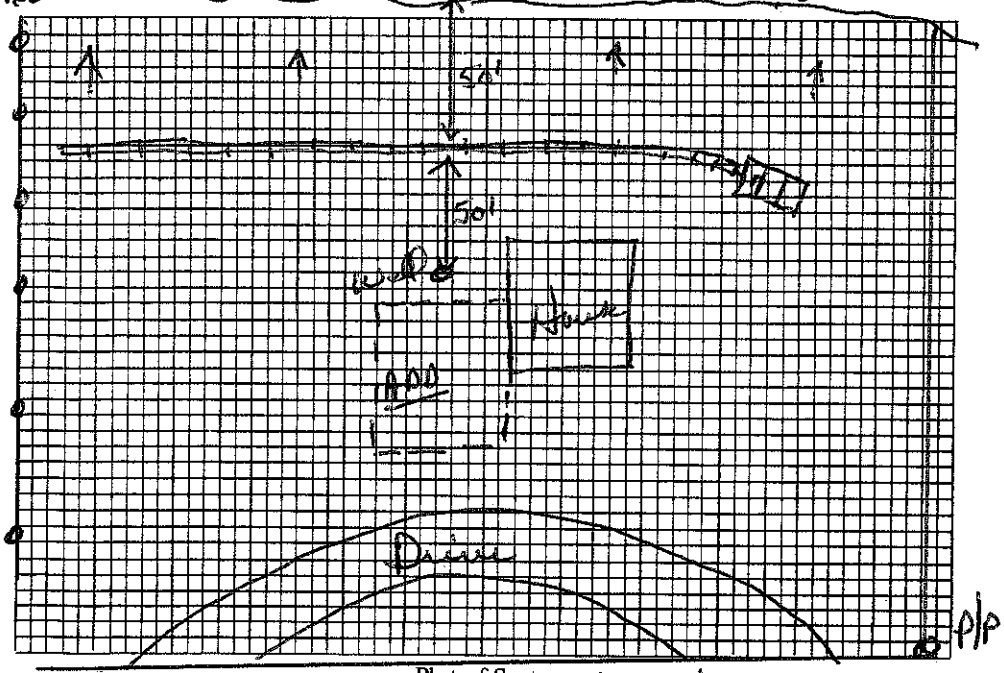
No. Bedrooms 2 No. Bathrooms 3

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

Character & Porosity of Soil P - clay - (f - ss)
Percolation Rate 3
Topography 12% fill
Depth to Water Table 41+
Rock or other impervious formations none observed

Lot Area Existing

~~Tee~~ Basement with Plumbing LAKE Basement without Plumbing _____ No Basement



Plot of System Hogan Ln

Size of Tank Existing (900) Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. _____ Linear Ft. 118'
Depth of ~~Stone~~ SAND in Lines 24" SAND
Water Supply: Individual (✓)
Public ( )

Installed by Julian Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Replace Santay T, keep out of line 50 feet away from existing drilled well. Drainfield must have minimum of 6" cover over entire drainfield.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 9/20/91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

1331

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR John R. Sailstad DATE Sept. 12, '91 PERMIT NO. 2L-6-A138

PHONE: Business _____ Home 664-5274

LOCATION 150 W. TR 1211 (Paradise Peninsula) Bear left on 1218 (Hanby) TR Hogan Cove (1219) 6th lot on left

SUBDIVISION NAME Crescent - Lake Norman LOT NO. 138 SECTION OR BLOCK NO. 10 S. R. No. _____

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

No. Bedrooms 2 No. Bathrooms 3

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

Lot Area Existing

Character & Porosity of Soil PS clay

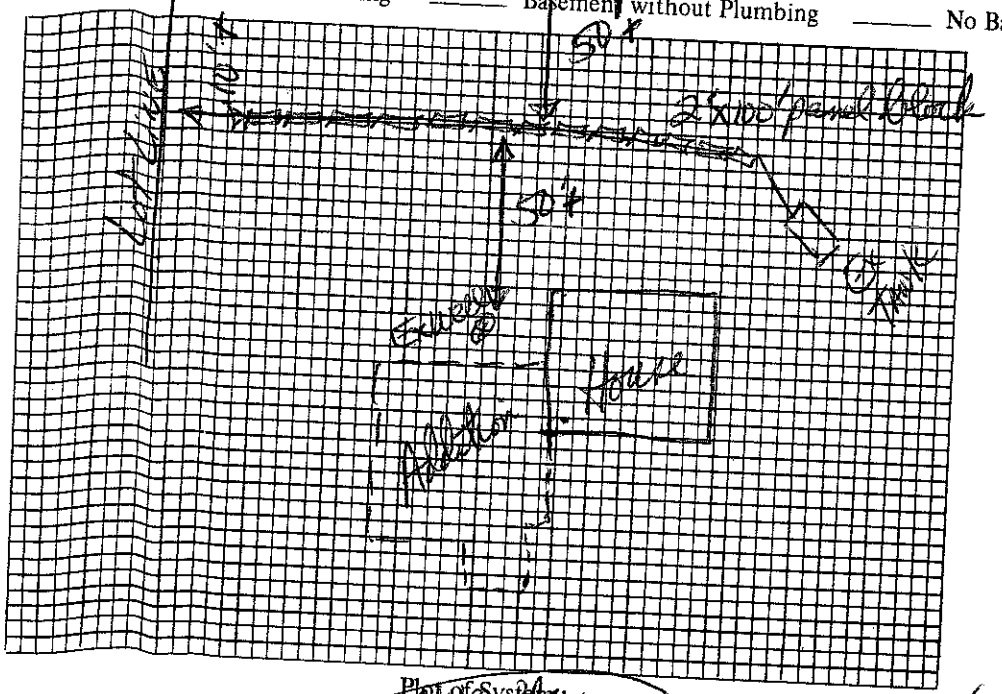
Percolation Rate 3-4

Topography 10-15%

Depth to Water Table 4'+

Rock or other impervious formations more obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. _____ Linear Ft. 100 - 120'

Depth of Stone in Lines 24" Sand

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: Phillip Clodfelter

IMPROVEMENTS PERMIT BY DRE Evaluation DR Hanson RS.

COMMENTS: Hogan Cove

Remove (dig out and haul to landfill) all parts of existing drainfield within 50' of existing well. Disconnect remainder of old drainfield.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

It 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