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 Lester Thomas DATE 6-16-86 PERMIT NO. 345

PHONE: Business _____ Home _____

LOCATION 150W TL 1211 TL 1218 TR 1219 (Hogan Rd) 1st house on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 135 SECTION OR BLOCK NO. 10

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate _____
Auto. Wash. Machine	Yes (✓)	No ( )	Topography _____
Site Suitable	Yes (✓)	No ( )	Depth to Water Table _____
			Rock or other impervious formations EXISTING

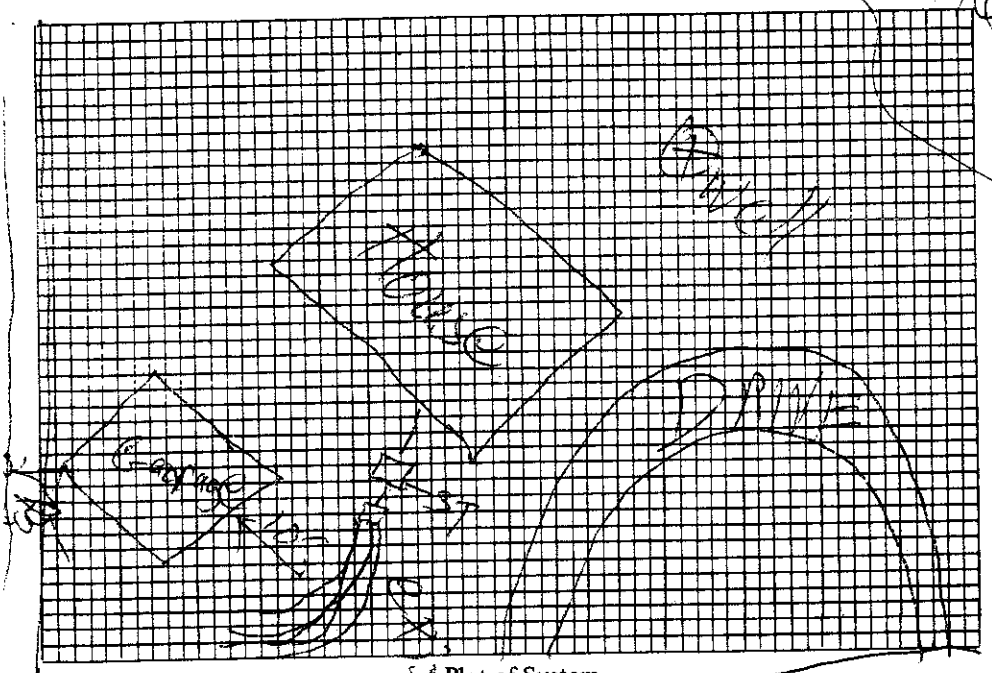
Lot Area existing system

_____ Basement with Plumbing _____ Basement without Plumbing OK No Basement

Size of Tank EXISTING Gals.

Nitrification Field:
- No. of Lines _____
- Sq. Ft. _____ Linear Ft. _____
- Depth of Stone in Lines EXISTING

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Hogan Rd

COMMENTS: existing system working OK at date of inspection OK for garage

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett DATE 6-16-86

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 Lester Thomas DATE 2-20-86 PERMIT NO. 77

PHONE: Business ______ Home ______

LOCATION 150 W to TR 1211 / TR 1218 / TR 1219 (Hogan Road) 1st house on left

S. R. No. ______

SUBDIVISION NAME Lake Norman LOT NO. 133 SECTION OR BLOCK NO. 10

House (X) Mobile Home ( ) Business ( ) Other Adding 1 Bedroom And Bath

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 ______

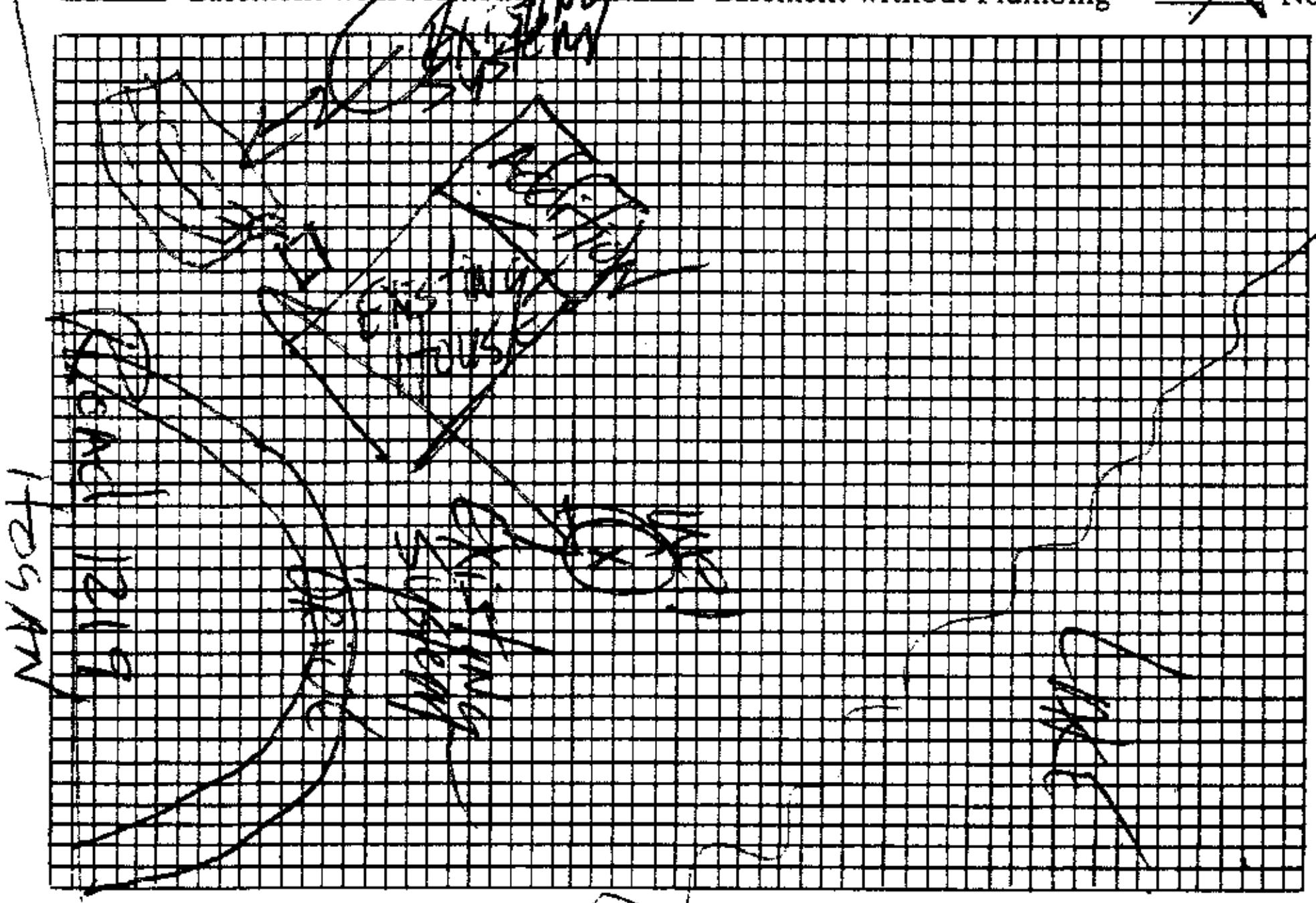
Percolation Rate ______

Topography Existing

Depth to Water Table System

Rock or other impervious formations ______

______ Basement with Plumbing ______ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field: Existing

No. of Lines ______

Sq. Ft. ______ Linear Ft. ______

Depth of Stone in Lines ______

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 2-20-86

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

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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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 Lester Thomas DATE 6-16-86 PERMIT NO. 345

PHONE: Business _____ Home _____

LOCATION 150W TL 1211 TL 1218 TR 1219 (Hogan Rd) 1st house on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 133 SECTION OR BLOCK NO. 10

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

No. Bedrooms 3 No. Bathrooms 2

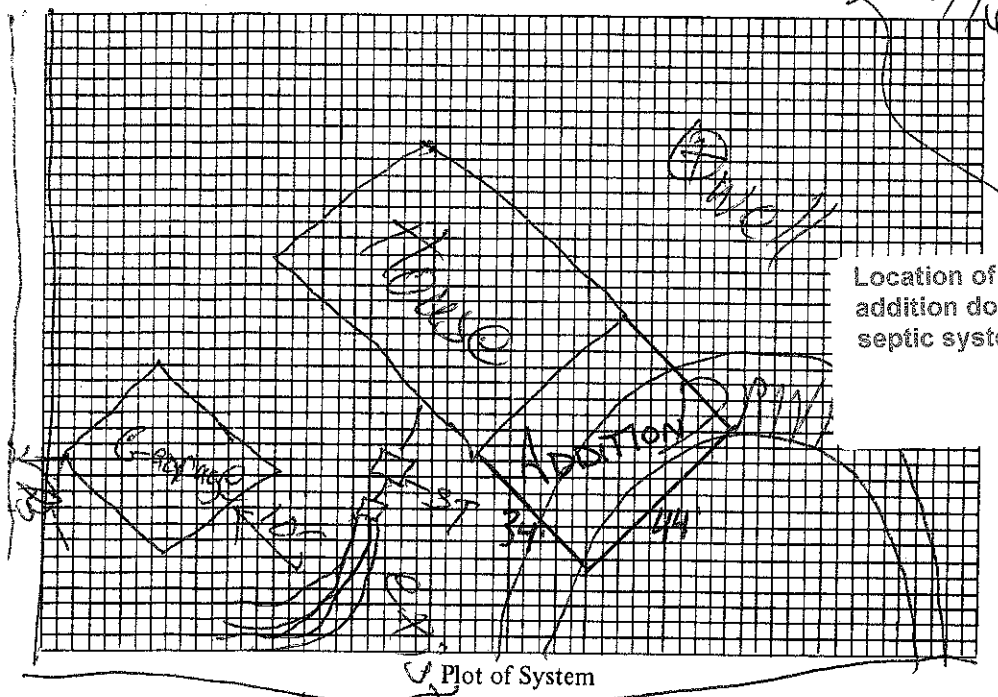
Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	E
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	EXISTING
Lot Area existing system			Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing 2 Crawl No Basement

Size of Tank EXISTING Gals.

Nitrification Field:
- No. of Lines 1
- Sq. Ft. _____ Linear Ft. _____
- Depth of Stone in Lines EXISTING

Water Supply: Individual (✓)
Public ( )



Location of the proposed ADDITION addition does not appear to impact the existing on-site septic system.**NOTE: No Bed Rooms

REHS

Date: 6-15-86

ICHD-Environmental Health Division

Permit.

Signed: _____

SEE ATTACHED PLANS

IMPROVEMENTS PERMIT ISSUED BY _____

COMMENTS: existing system working OK at date of inspection OK for garage

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 6-16-86

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

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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 Lester Thomas DATE 2-20-86 PERMIT NO. 77

PHONE: Business _____ Home _____

LOCATION 150 W to 1211 / L 1218 / R 1219 (Hogan Road) 1st house on left

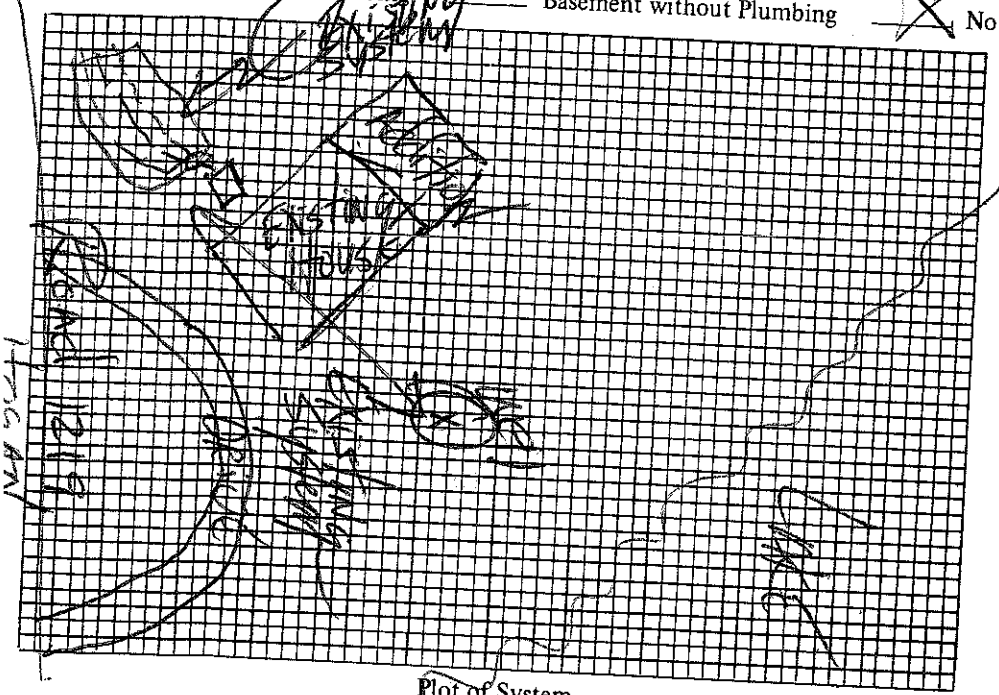
SUBDIVISION NAME LAKE NORMAN LOT NO. 133 S. R. No. _____ SECTION OR BLOCK NO. 10

House (X) Mobile Home ( ) Business ( ) Other Adding 1 Bedroom and Bath

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	Existing
Lot Area Existing			Rock or other impervious formations	System

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
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 _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 2-20-86

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

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