4627715 06

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 Robert B. Lawson DATE July 18, 97 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TR 1211 (Paradise Peninsula) TL Greenbay
1/2 - 3/4 mile TR gravel road attend on point S. R. No. _____

SUBDIVISION NAME Crescent Lake Norman LOT NO. 156 SECTION OR BLOCK NO. 10

House (✓) Mobile Home ( ) Business ( ) Other Repair – Tank replacement

No. Bedrooms 3 No Bathrooms 3

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 _____

Lot Area _____

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1250 Gals.

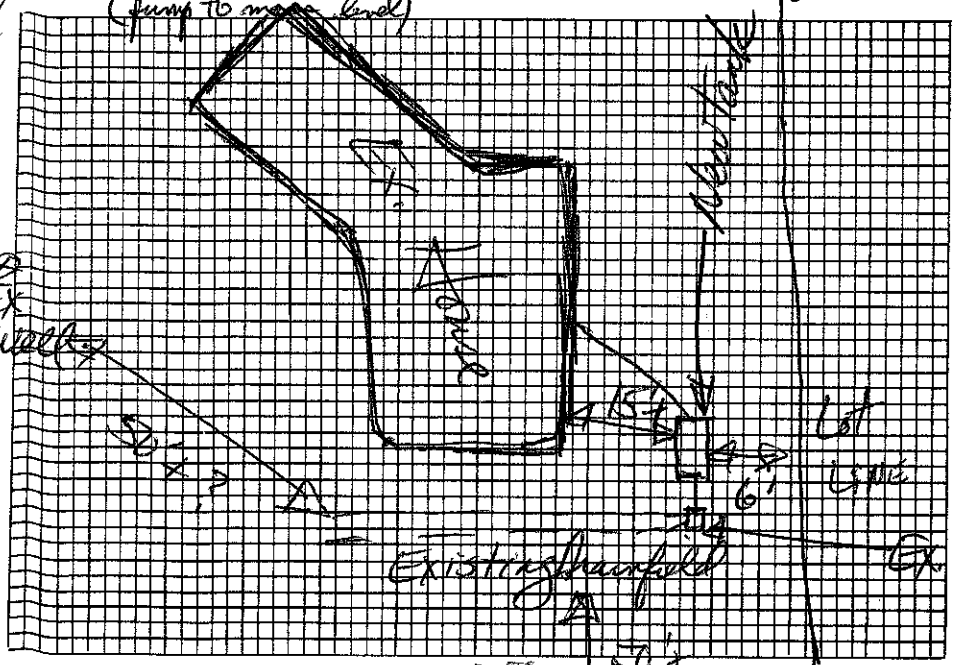
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by J R Bowles

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

Signed: _____



Plot of System

Access Road TO SR 1218 →

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank replaced in order to set off neighbors lot. Old tank dug out.

CERTIFICATE OF COMPLETION BY LAKE D. Johnson, RS DATE 7-18-97

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

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Robert B. Lawson DATE July 1, '91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. R 811 (Paradise Peninsula) TL Granbury

S. R. No. _____

SUBDIVISION NAME Crescent Cove Norman LOT NO. 156 SECTION OR BLOCK NO. 10

House (✓) Mobile Home ( ) Business ( ) Other Repair – Tank Replacement

No. Bedrooms 3 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 _____

Percolation Rate _____

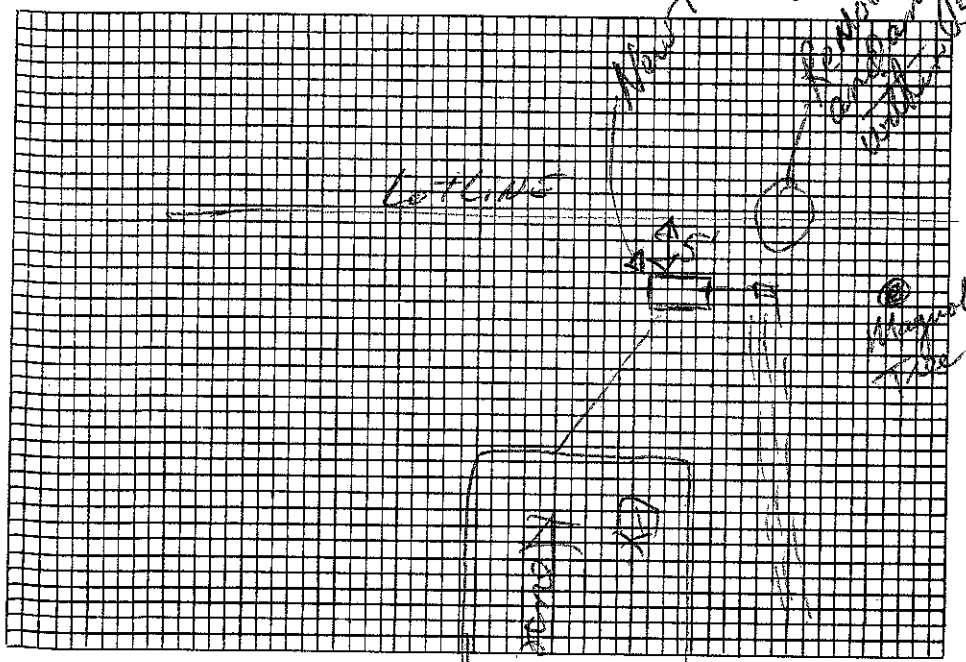
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing (w/pump)

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1250 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: X Robert B. Lawson

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Remove any part of existing system within 5' of lot line & haul to landfill

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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

OWNER OR CONTRACTOR Dr. Robert B. Lawson DATE 3-12-86 PERMIT NO. 112

PHONE: Business _____ Home _____

LOCATION Hwy 150 west TL on Paradise Penn Then TL Greenbay Road 1 mi TR on Point S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 156 SECTION OR BLOCK NO. 10

House (✓) Mobile Home ( ) Business ( ) Other Addition New Kitchen + Playroom

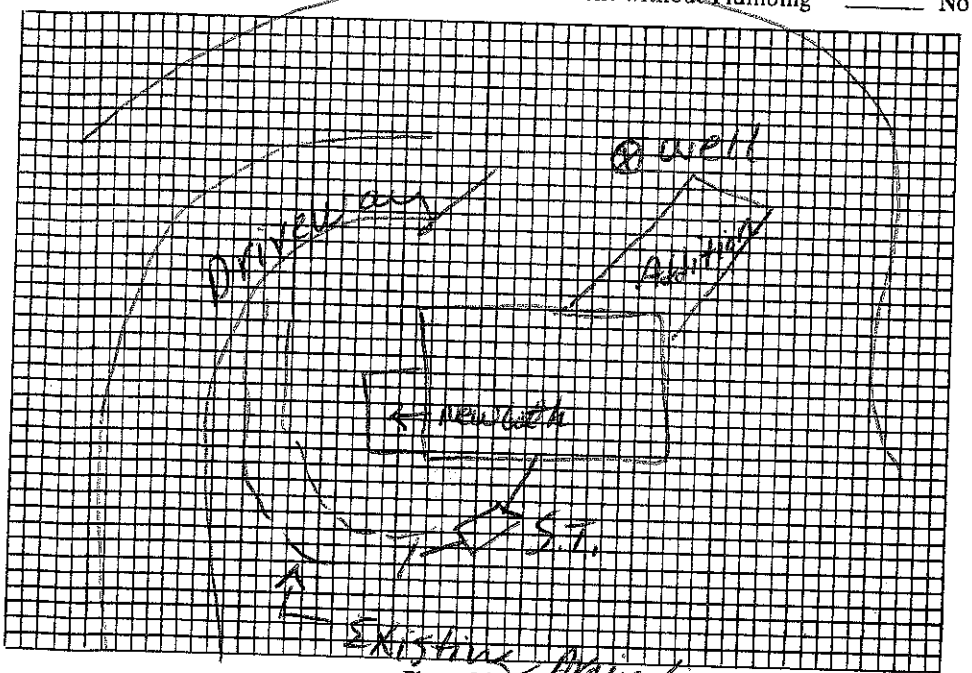
No. Bedrooms _____ No. Bathrooms _____

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 Existing System
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing Lake _____ 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: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. C. Moore DATE 3-12-86

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