4627-81-0245

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 Jim F. Streetman DATE 11/16/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TL 1443 TL 1444 (Beaten Path)
3RD LOT on Right past Honeysuckle Lane S. R. No. _____

SUBDIVISION NAME CL&T Lake Norman LOT NO. 1540 SECTION OR BLOCK NO. 9

Site Address: 646 Beaten Path Ln. Mrsvl

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

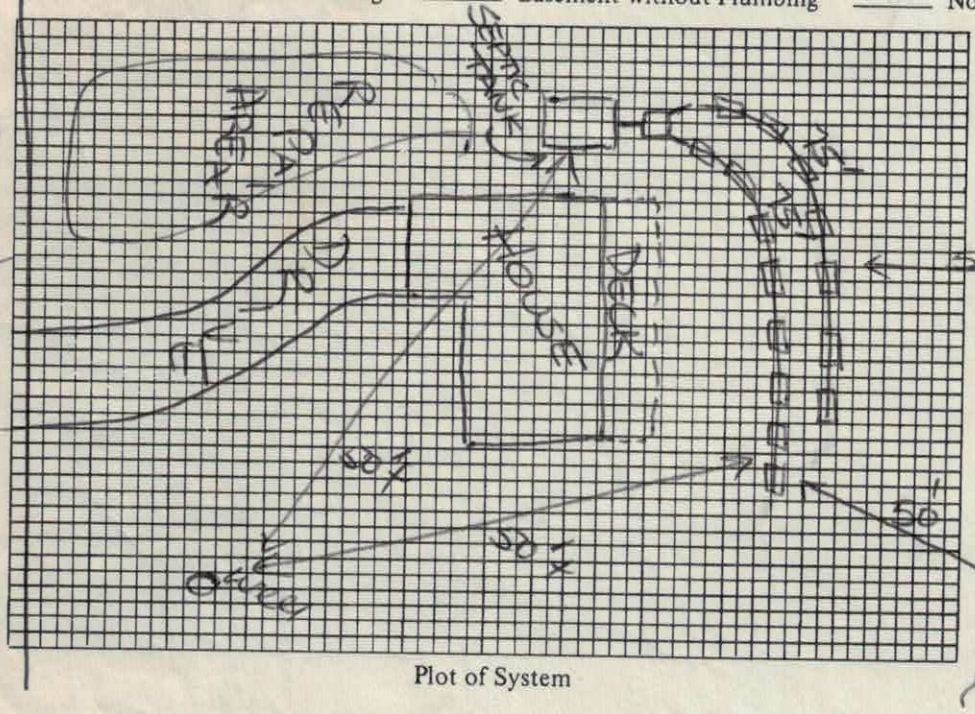
No. Bedrooms 3 No. Bathrooms 2 1/2

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

Lot Area 20000ft²+

Character & Porosity of Soil Clay
Percolation Rate v.f
Topography 2-4%
Depth to Water Table 3'+
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 150' of
Depth of Stone in Lines 16" T&J
Water Supply: Individual ( ) panels
Public ( )

Installed by Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY DAVID R HINSON

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrea C. Pierce DATE 11/16/87

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

3:30

03710

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 Jim T. Streetman DATE 7/7/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TR 1443 TR 1444 (Beaten Path)
3rd lot on Rt past Honeysuckle Lane S. R. No. _____

SUBDIVISION NAME CLET Lake Norman LOT NO. 1540 SECTION OR BLOCK NO. 9

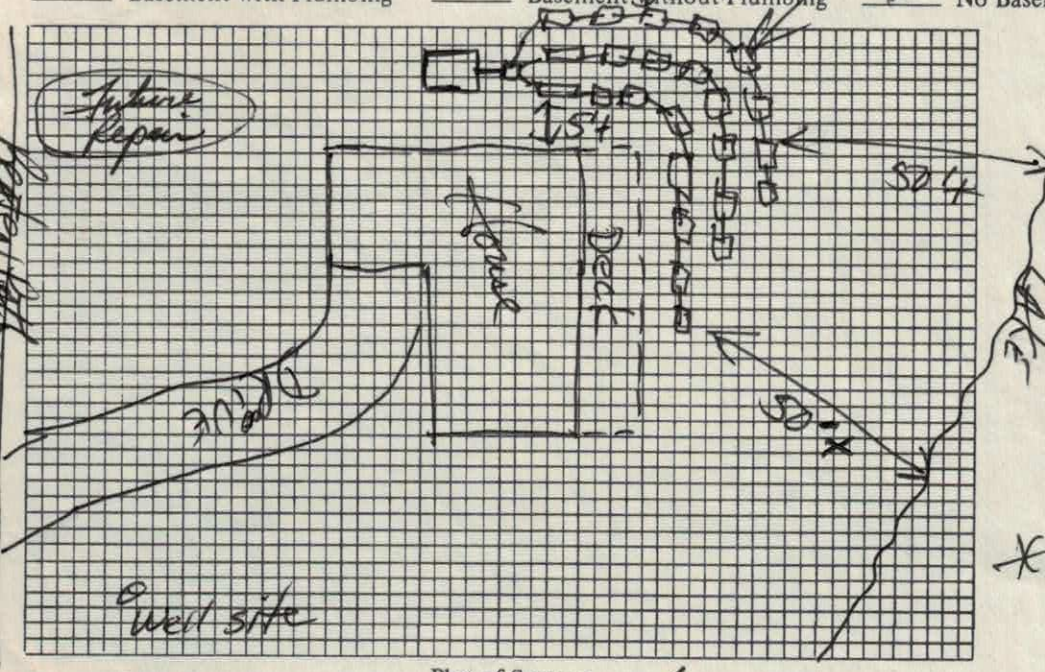
House (✓) Mobile Home ( ) Business ( ) Other Relayout of permit issued 4-3-87

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate n.f.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 3' +
			Rock or other impervious formations none obs.

Lot Area 20000 sq ft

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 150' ea
Depth of Stone in Lines 6" Tall
Water Supply: Individual (✓) panels
Public ( )

Installed by _____

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

X Signed: Jim T. Streetman

IMPROVEMENTS PERMIT BY Ward R. Lyons, R.S.

COMMENTS: Drainfield must be installed no deeper than 24" to bottom of ditch. Mound over lines with excess dirt. Provide adequate surface drainage around system.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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 Jim F. Streetman DATE Apr 3, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TR 1443 TR 1444 (Beaton Path)
3rd lot on Rt part Honeysuckle Lane S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 1540 SECTION OR BLOCK NO. 9

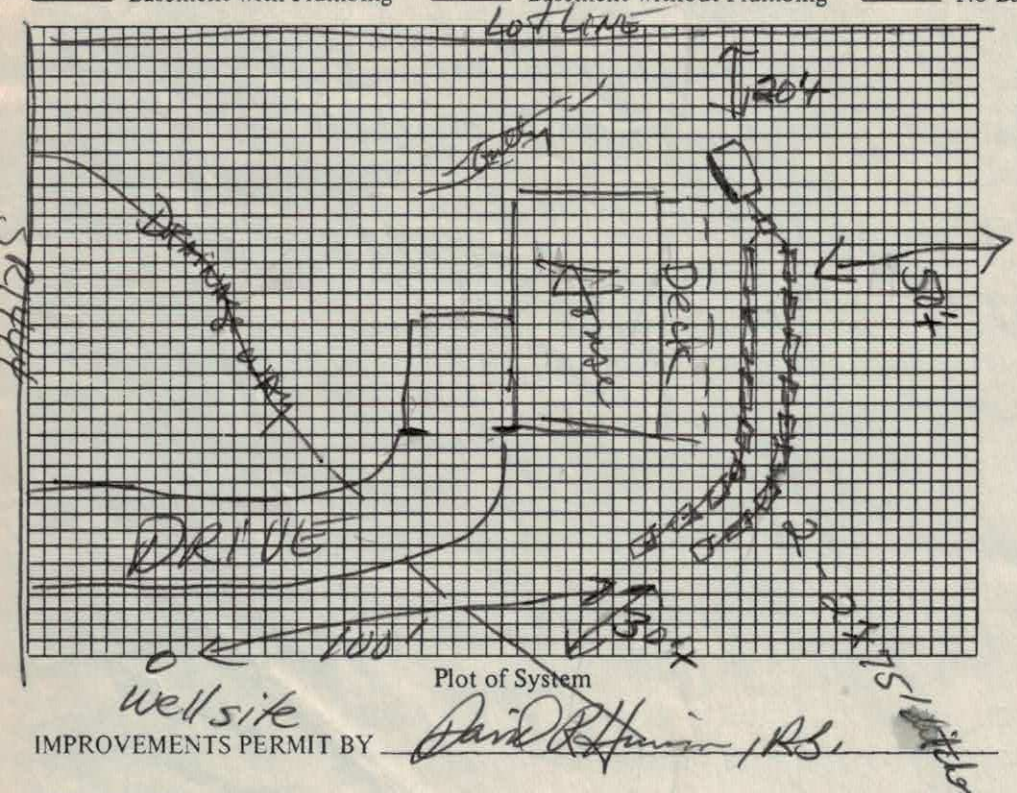
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate 2, 4
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2 (2'x75') = 150'
Sq. Ft. _____ Linear Ft. 16"T&J panels
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: Jim F. Streetman

IMPROVEMENTS PERMIT BY Jack R. Hunsucker, RS

COMMENTS: Keep system shallow (2" Natural Cover - 10" mounded excess)
24" to bottom of ditch

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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