4027834236

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 West R. Hunter DATE 2-19-16 PERMIT NO. 224

PHONE: Business _____ Home 796-4962

LOCATION 1100 ft on 1108 to on 1003 to on 1114 ½ mi on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 63 SECTION OR BLOCK NO. 9

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

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable Yes (✓) No ( )

Lot Area 1 Acre

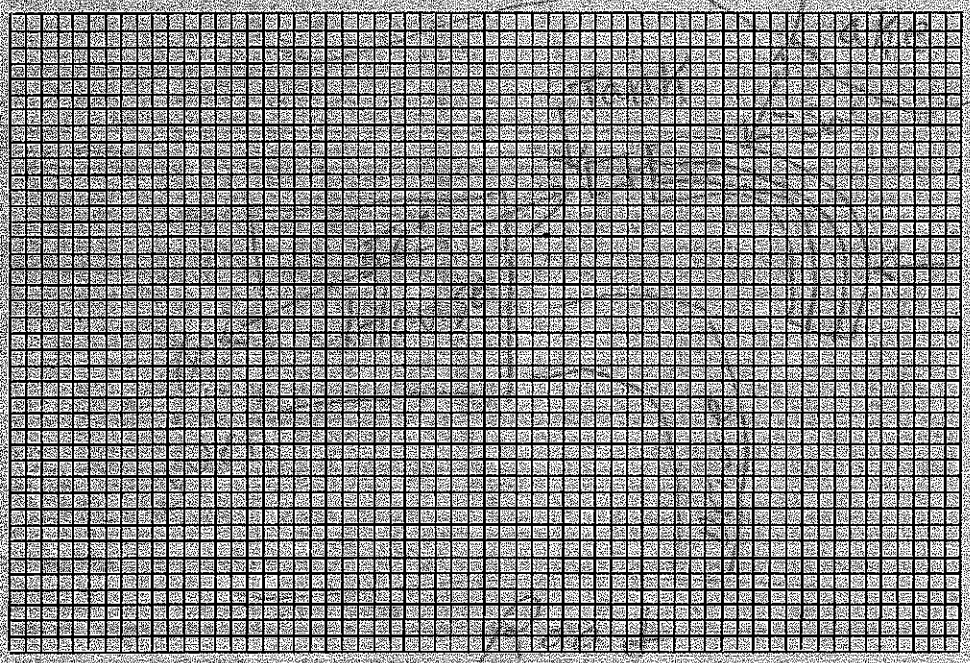
Character & Porosity of Soil Clay loam Fair to Good

Percolation Rate Good to Fair

Topography Gently Sloping

Depth to Water Table 4 to 5 ft Soil Wet

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 18"

Water Supply: Individual ( )

Public ( )

Ditch 18"x 6½'

Installed by Charles Mack

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 2-19-16

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 Robert E Hunter & DATE 2-11-16 PERMIT NO. 275

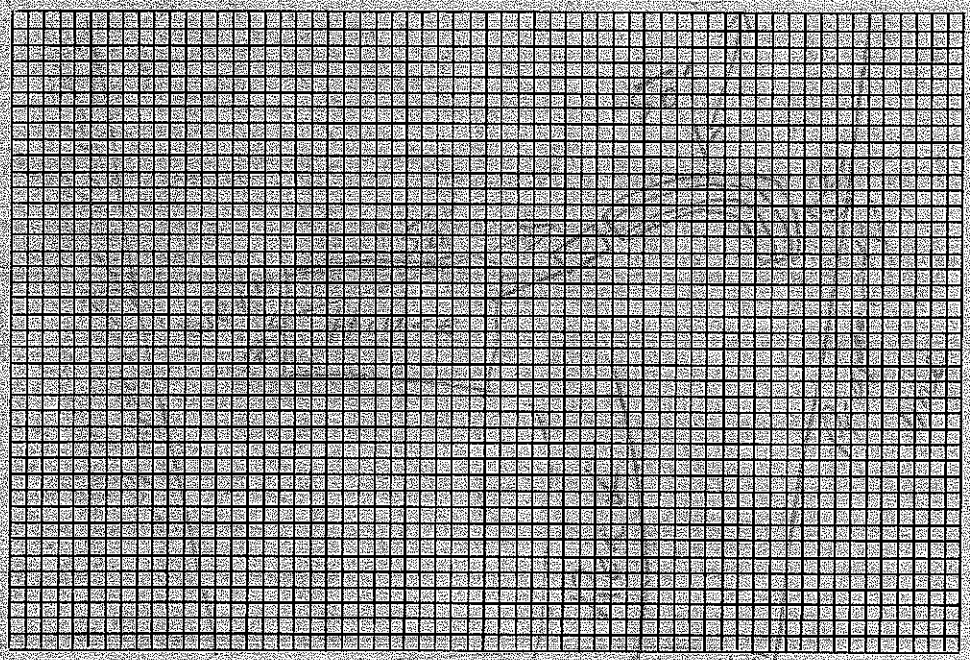
PHONE: Business _____ Home 596-4962

LOCATION 1102 TR on 1178 Thru
Thru on 1443 Thru on 1444 1st on R S. R. No. 1

SUBDIVISION NAME Lake Norman LOT NO. 23 SECTION OR BLOCK NO. 3

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

No. Bedrooms 3 No. Bathrooms 1 Character & Porosity of Soil Clay loam Fair to Fa
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 30 Minutes
Auto. Dishwasher Yes ( ) No (✓) Topography Rolling to Steep Slope
Auto. Wash. Machine Yes ( ) No (✓) Depth to Water Table 6 to 12 to have Level
Site Suitable Yes (✓) No ( ) Rock or other impervious formations None
Lot Area 1 Acre + Lake



Plot of System Not to Scale

Size of Tank 1000 Gals
Nitrification Field:
No. of Lines 4
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY E. C. Moore

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