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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 Paul Jonas DATE May 4, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TC 1211 (Paradise Pen.) TL Greenbay
60 1.2 mile TR gravel drive at end S. R. No. _____

SUBDIVISION NAME ~~[illegible]~~ LAT (Lake Norman) LOT NO. 115 SECTION OR BLOCK NO. 10

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

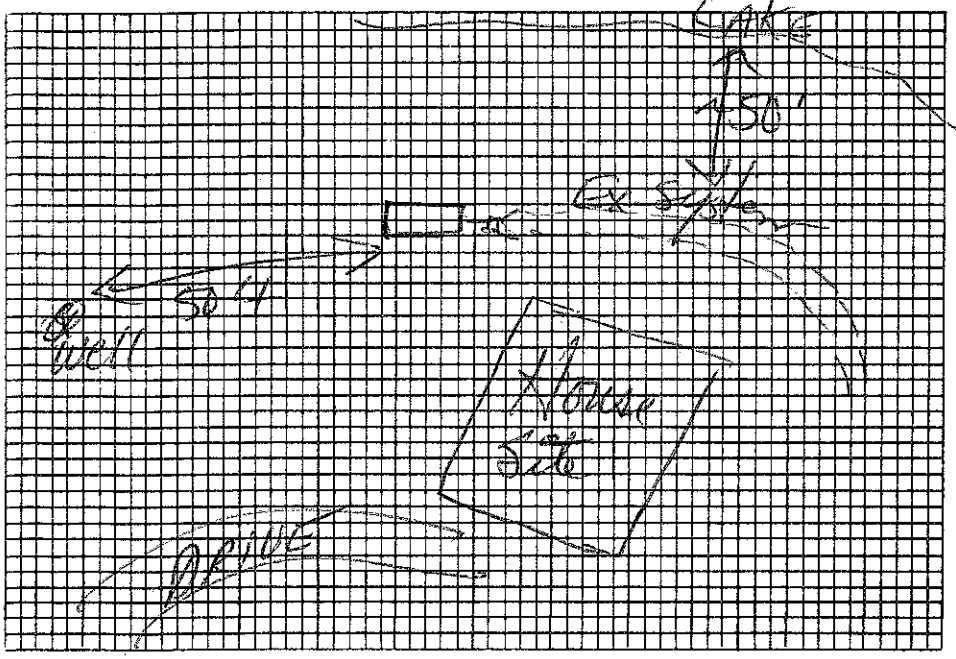
No. Bedrooms 2 No. Bathrooms 2

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

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing (1000) Gals.
Nitrification Field:
No. of Lines Existing (6 x 100)
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: System installed 1977 (Carl Crabtree). Existing system showing no signs of malfunction at time of inspection. Maintain minimum distance of 5' of existing system with house. Exp. Mobile home to be moved on lot.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: M. Grimsley, RS DATE 5-4-88

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

08/26

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 Paul Jonas DATE May 15, '90 PERMIT NO. 2-6-A-115

PHONE: Business _____ Home _____

LOCATION 150 W TR 1211 (Paradise Peninsula) TR Greenbay 1.2 mile TR at end S. R. No. _____

SUBDIVISION NAME CLET LAKE NORMAN LOT NO. 115 SECTION OR BLOCK NO. 10

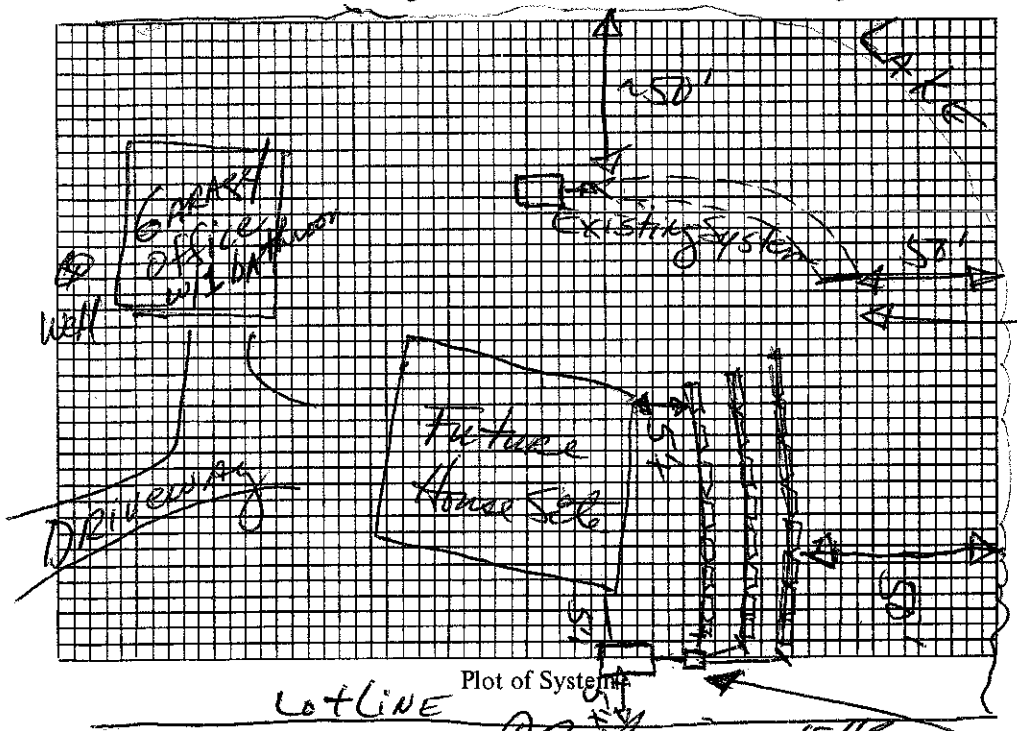
House (✓) Mobile Home ( ) Business ( ) Other GARAGE/Shop-Office plumbing to go into existing septic

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate		3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		10-15%
Site Suitable PS	Yes ( )	No ( )	Depth to Water Table		4ft
			Rock or other impervious formations		some obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16"

Water Supply: Individual (✓) panels
Public ( )

Remainder of existing system w/in 50' of lake abandoned

Installed by _____

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

Signed: Paul Jonas

IMPROVEMENTS PERMIT BY DR Hanson / EHS

COMMENTS: D-box w/ 3 pipe levelers 4" sch 40 to head of lines then reduce to 2". Maximum trench bottom depth 30". Follow contour. Use low volume water using fixtures in structure.

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 Paul Jonas DATE 9-6-85 PERMIT NO. 387

PHONE: Business _____ Home _____

LOCATION 150 W TL Paradise Penn. TL on Greenbay rock Quarry go past Hogan Rd TR on lot with Jordan sign on it (behind) S. R. No. _____

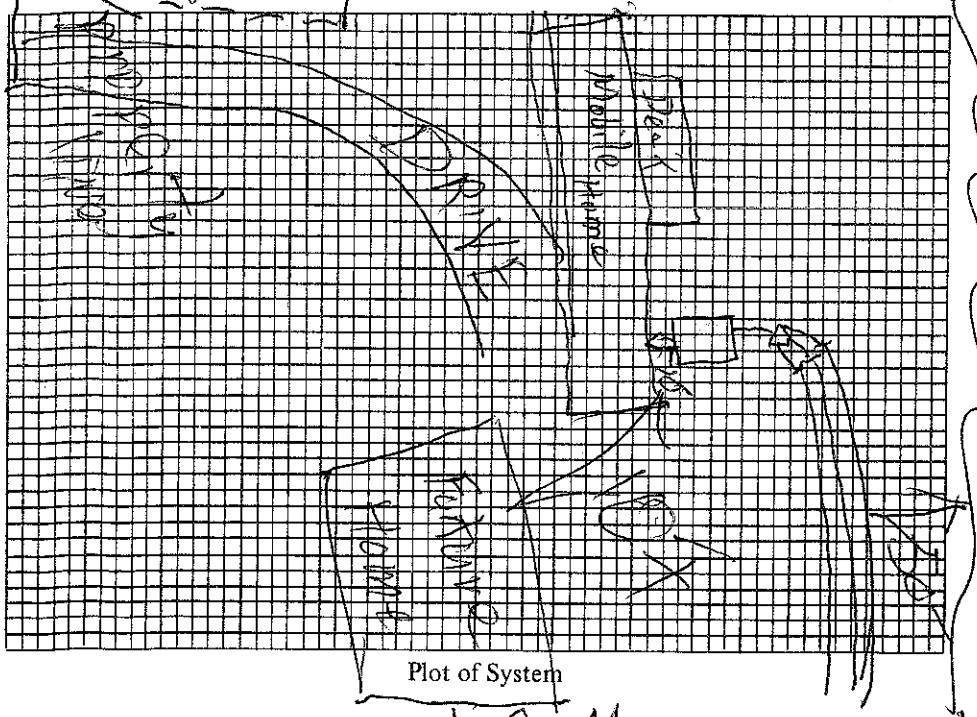
SUBDIVISION NAME Lake Norman LOT NO. 115 SECTION OR BLOCK NO. 10

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

No. Bedrooms 2 No. Bathrooms 1 Character & Porosity of Soil _____
Garbage Disposal Unit Yes ( ) No ( ) Percolation Rate _____
Auto. Dishwasher Yes ( ) No ( ) Topography _____
Auto. Wash. Machine Yes ( ) No ( ) Depth to Water Table _____
Site Suitable Yes ( ) No ( ) Rock or other impervious formations _____

Lot Area 1.67 acres

Basement with Plumbing _____ Basement without Plumbing _____ No Basement X



Size of Tank 1 Gals.
Nitrification Field: EXISTING
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )
NEXT door

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: existing system working OK at date of inspection addition of garage & moving new mobile home in

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 9-6-85

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

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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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

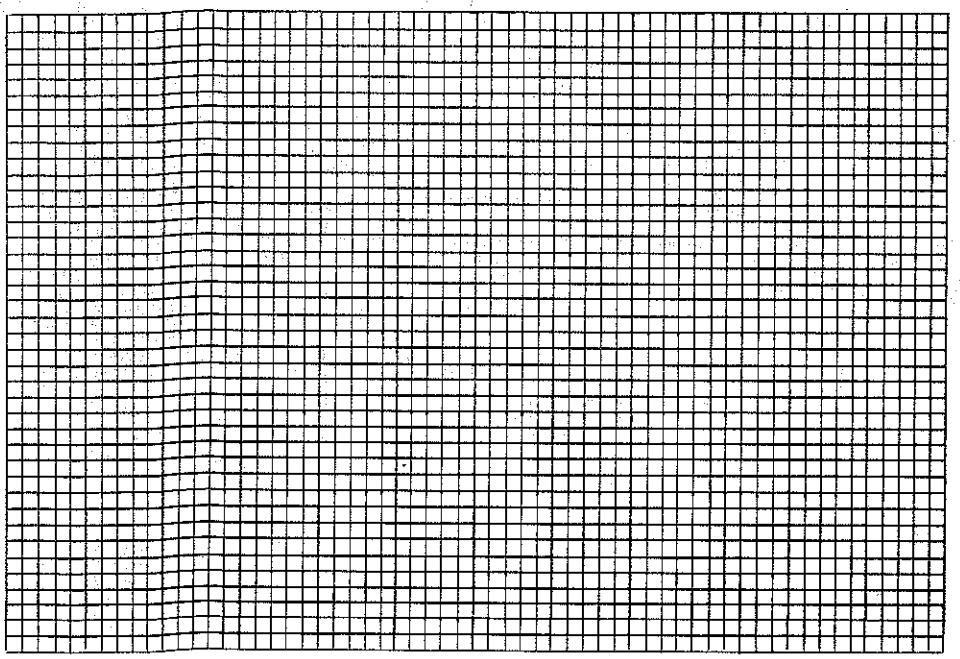
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



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 _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

_____

_____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

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 _____

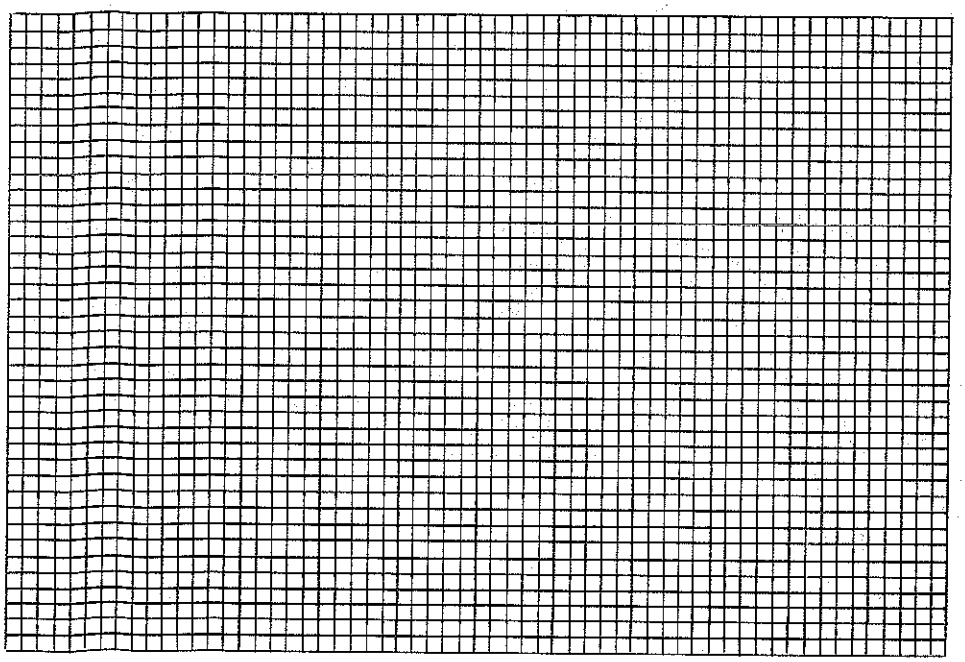
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____



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 _____

IMPROVEMENTS PERMIT BY _____

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