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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 Bob Shuskey DATE 6-19-86 PERMIT NO. 352

PHONE: Business _____ Home _____

LOCATION 150W TR Waddell Rd pass 1450 1st lot on R

S. R. No. _____

SUBDIVISION NAME CLAT LOT NO. 297 SECTION OR BLOCK NO. 11

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

No. Bedrooms 2 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 silty pm - clay

Percolation Rate 0.3 gal ft² / day

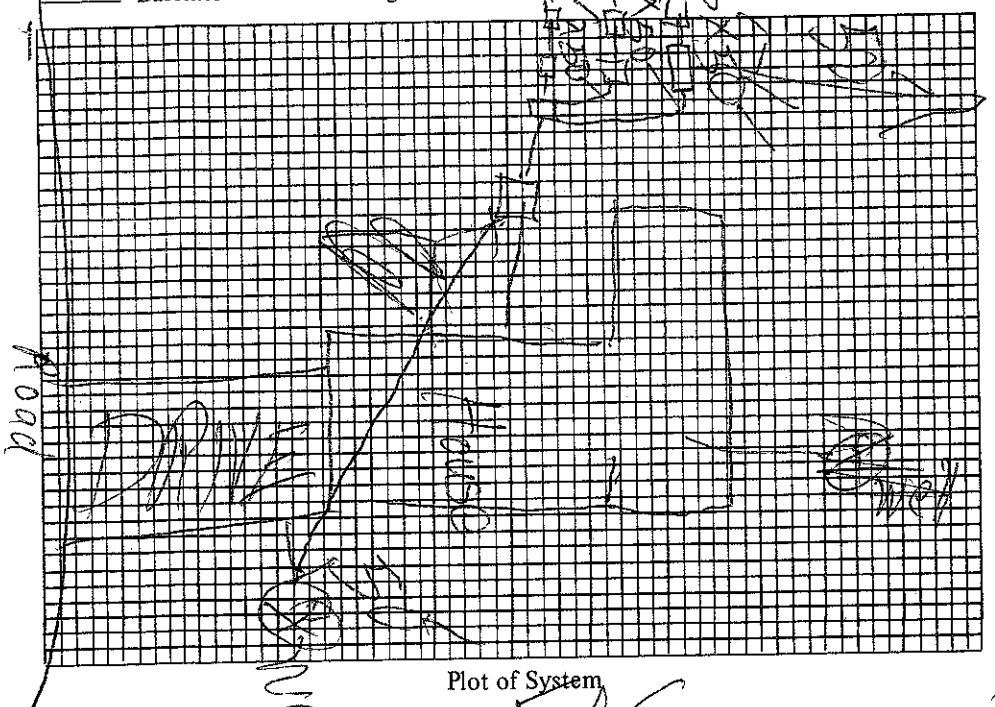
Topography 8-12

Depth to Water Table 91

Rock or other impervious formations None obs

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field: 150 Lf 16" panels

No. of Lines 5

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines 6" sand under panels

Water Supply: Individual (✓)

Public ( )

Installed by Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY FAC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles H. Barnett DATE 6-19-86

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 Blanche Lyons DATE 10-2-25 PERMIT NO. _____

PHONE: Business _____ Home 919-222-3435

LOCATION So. West TR on 1432 on right
just before end of Road S. R. No. 1435

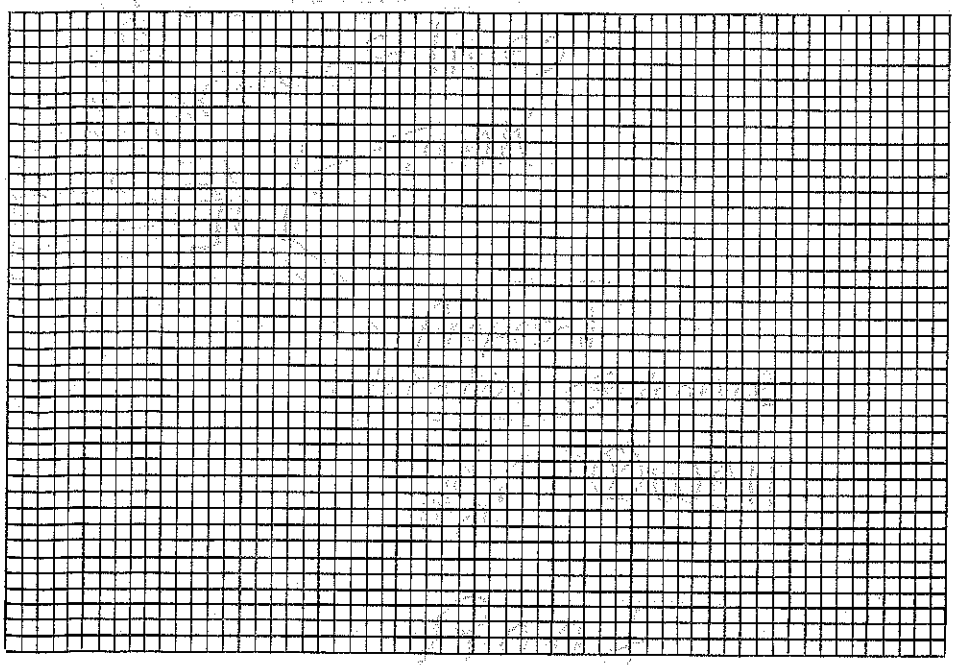
SUBDIVISION NAME Lake Norman LOT NO. 297 SECTION OR BLOCK NO. 17

House ( ) Mobile Home ( ) Business ( ) Other Double Wide Mobile Home

No. Bedrooms 3 No. Bathrooms 2

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

lake



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 225 Linear Ft. 225
Depth of Stone in Lines 12
Water Supply: Individual (X)
Public ( )

Installed by Clyde Hawkins
Catawba Co.
1967

IMPROVEMENTS PERMIT BY _____

COMMENTS: Replacing Single wide with mobile Home with double wide, system is adequate to take care of home.

CERTIFICATE OF COMPLETION BY _____ DATE 10-24-25

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