PROPERTY DESCRIPTION 07359

4628947868

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 James W. Parton DATE 9/15/87 PERMIT NO. _____

PHONE: Business _____ Home (919) 835-2279

LOCATION 150W TR Robinson Rd. 9/10 mi TL on DIRT DRIVE. Lot is on a point. S. R. No. _____

SUBDIVISION NAME CLAT LOT NO. 194 SECTION OR BLOCK NO. 11

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

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil existing

Percolation Rate _____

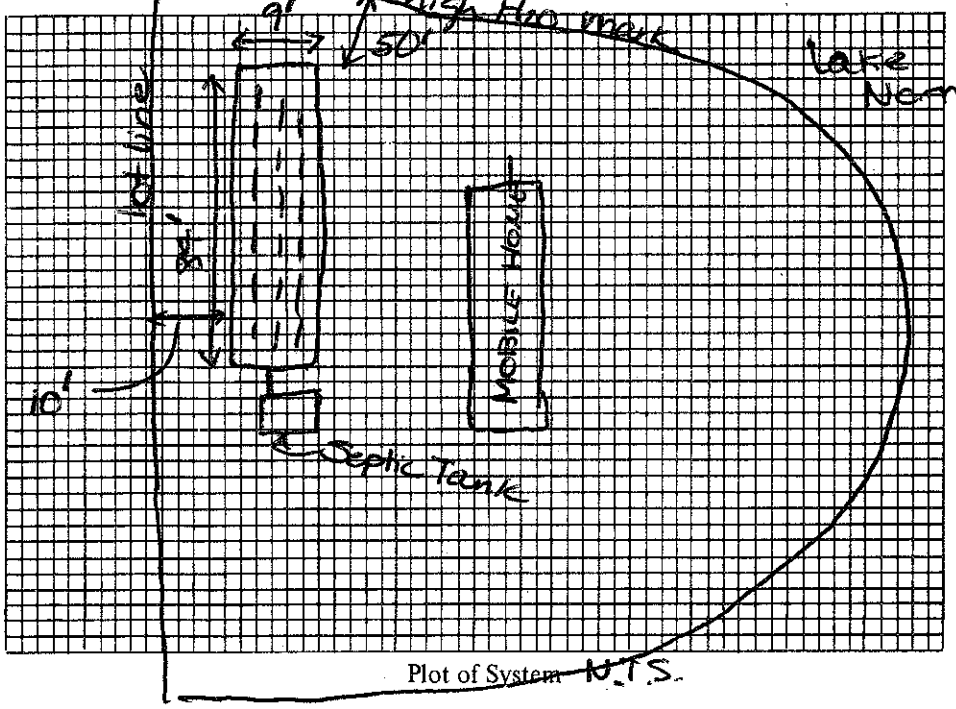
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 16"

Water Supply: Individual (✓) Public ( )

(*)

Installed by _____

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

Signed: _____

(*) Info from 6/11/80 Repair completion by Clemmer.

IMPROVEMENTS PERMIT BY _____

COMMENTS: System functioning properly at the time of inspection.
Do NOT build over tank or nitrification lines (5' min. distance)
Moving in a new Mobile H. / Building a storage building
(*) Lines = 9' x 84'

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrew C. Pierce DATE 9/15/87

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

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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 J. Watt Alexander DATE 6-11-80 PERMIT NO. 164

PHONE: Business _____ Home _____

LOCATION OW TR1396 ~1.1 Mile TL at Rocky Forks at end on Point

SUBDIVISION NAME Lake Norman LOT NO. 194 SECTION OR BLOCK NO. 11 S. R. No. _____

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

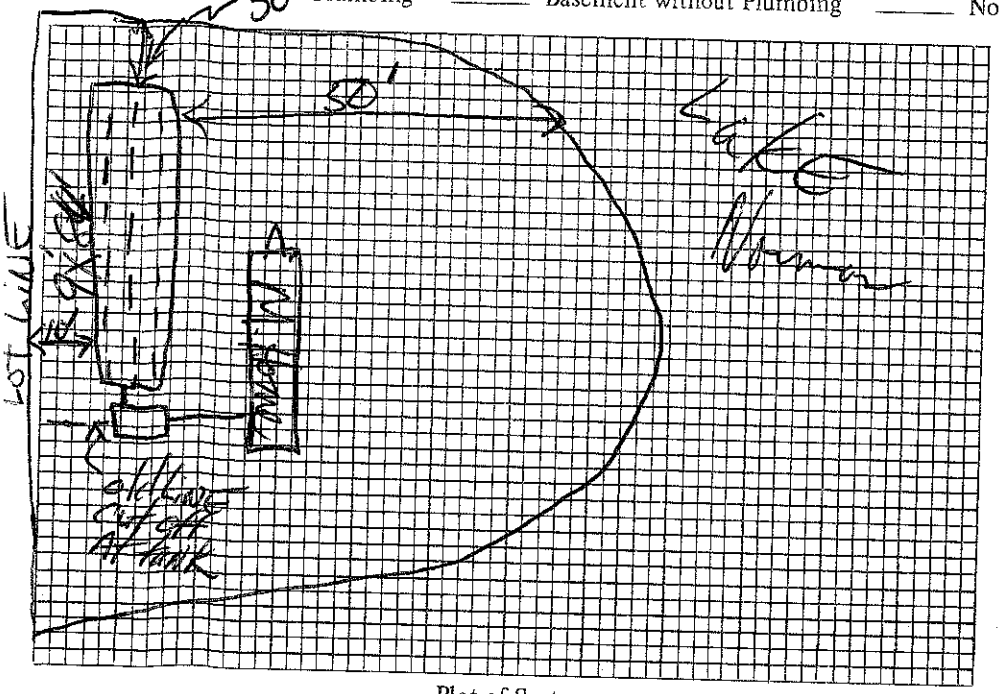
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~3/4 Acre

Character & Porosity of Soil Clay loam
Percolation Rate 30 min/1" 40 min/1"
Topography Rolling
Depth to Water Table 4ft
Rock or other impervious formations Scattered Rock

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by Robert Hoke

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Removed old LINE off Lot 195

CERTIFICATE OF COMPLETION BY Fred Clement DATE 6-11-80

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