IREDELL COUNTY HEALTH DEPARTMENT 4635386273

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR John Davidson DATE 8-9-84 PERMIT NO. 269

PHONE: Business _____ Home _____

LOCATION 1100 TO 1113 TO Across from 1st Ski Haven (1197) Lot on R

S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 26 SECTION OR BLOCK NO. 5

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes ( )	No (X)	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	10
Lot Area Existing			

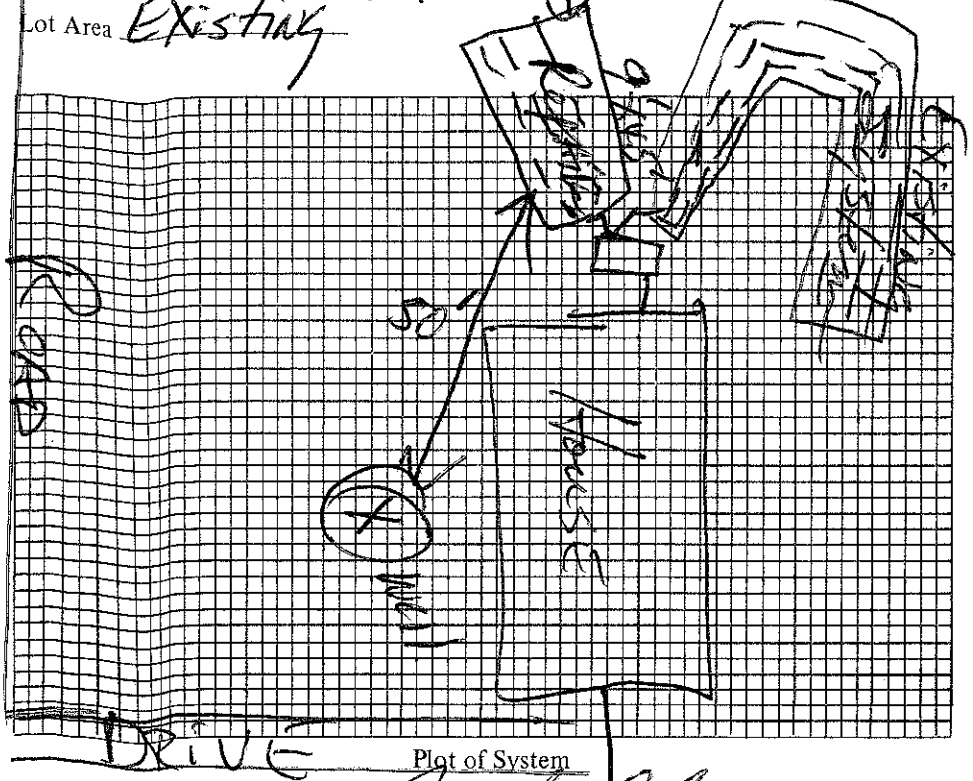
Character & Porosity of Soil Loamy

Percolation Rate Existing

Topography _____

Depth to Water Table System

Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 405 Linear Ft. 135
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Sigmon Septic

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

TIFICATE OF COMPLETION BY Fred Clemmer DATE 8-9-84

TING SYSTEM CHECKED BY: _____ DATE _____

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

is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
ements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

12:00

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 John Davidson DATE 8-3-84 PERMIT NO. 209

PHONE: Business _____ Home _____

LOCATION 1190 TL 1113 TL dirt Road Across from 1st Ski Haven (1197) Lot 9 R

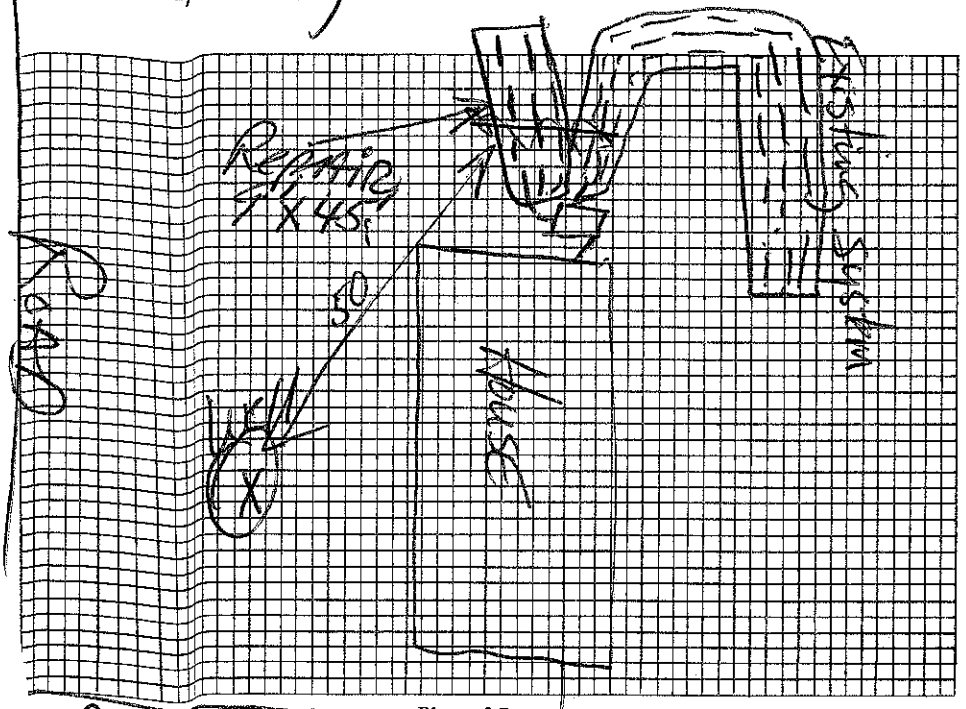
S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 26 SECTION OR BLOCK NO. 5

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

No. Bedrooms 3 No. Bathrooms 2

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



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 405 Linear Ft. 135
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: John L Davidson

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow, pipe off Roof Drains

CERTIFICATE OF COMPLETION BY _____ DATE _____

SEWAGE SYSTEM CHECKED BY: _____ DATE _____

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

This 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