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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 Eldon Roy Bradshaw DATE 2/13/91 PERMIT NO. 26-10-A-12

PHONE: Business _____ Home _____

LOCATION 1100, TL 1113 TL CANNETT 2908, 1/4 mile on (R)

S. R. No. _____

SUBDIVISION NAME CLAT Lake Norman LOT NO. 12 SECTION OR BLOCK NO. 5

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

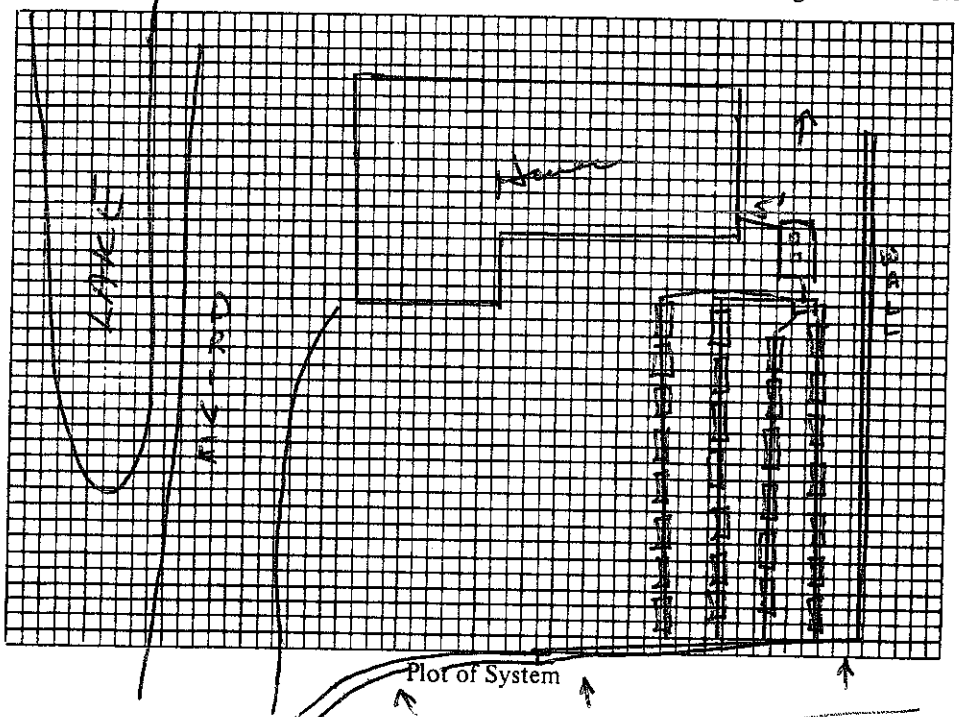
No. Bedrooms 3 No. Bathrooms 3

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

Lot Area .96

Character & Porosity of Soil clay
Percolation Rate .25
Topography 2-4%
Depth to Water Table >41
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 250
Depth of Stone in Lines _____
Water Supply: Individual (✓) 100' PANEL
Public ( ) SYSTEM

Installed by Mike Leazer

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: LPP Repair

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 2/13/91

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

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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 Eldon Roy Bradshaw DATE Dec. 7, '89 PERMIT NO. 26-10-A-12

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR Garnett ~¼ mile on Right
Isle of Pines

S. R. No. _____

SUBDIVISION NAME CLET LAKE Norman LOT NO. 12 SECTION OR BLOCK NO. 5

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

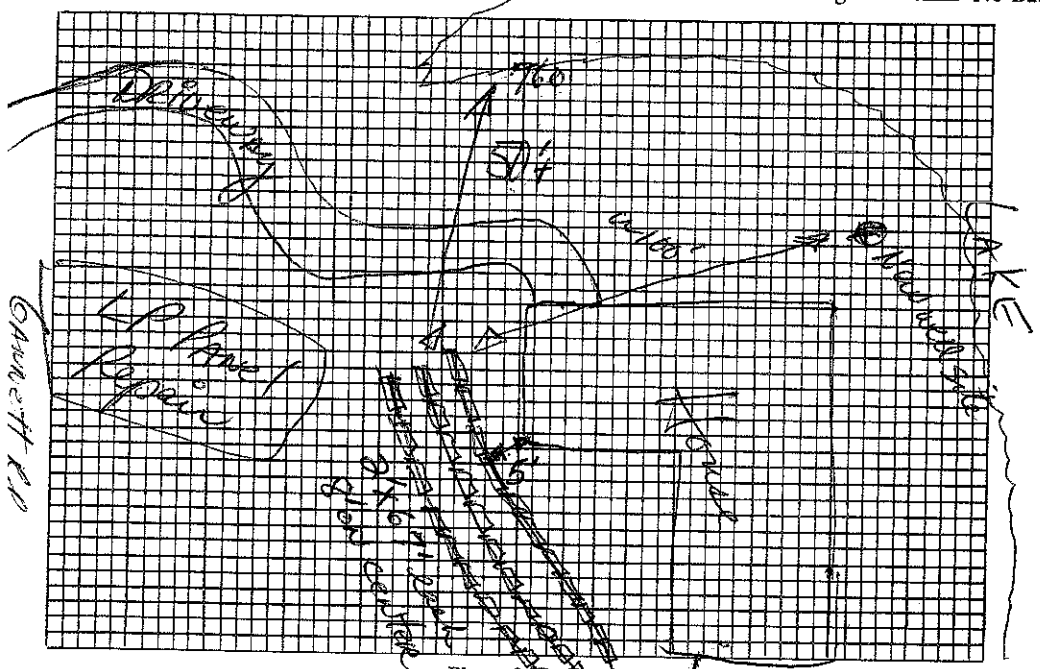
No. Bedrooms 3 No. Bathrooms 2½-3

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

Lot Area 1.96 Ac

Character & Porosity of Soil ~~Clay~~ n. 25 BPM 1-29-91
Percolation Rate n. 3
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. ~~200'~~ 250' 1-29-91
Depth of Stone in Lines 16" 1-29-91

Water Supply: Individual (✓) panels gravity flow
Public ( )

Installed by _____

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

Signed: ~~X~~ M Barry Jones

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Pull plumbing out at existing ground level.
Follow contour, MAximum trench bottom depth of 30".
D-box w/ 4" sch 40 and speed levelers, 4"-2" reducers at head of panel ditches.

Well abandoned 4/19/90 SCI

Ex well here to be properly Abandoned

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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