IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 4636412282
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) ~~4634127~~

OWNER OR CONTRACTOR Ken Hoffman DATE 12-10-21 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 ft on HWY 3rd Rd TL almost to end on right S. R. No. _____

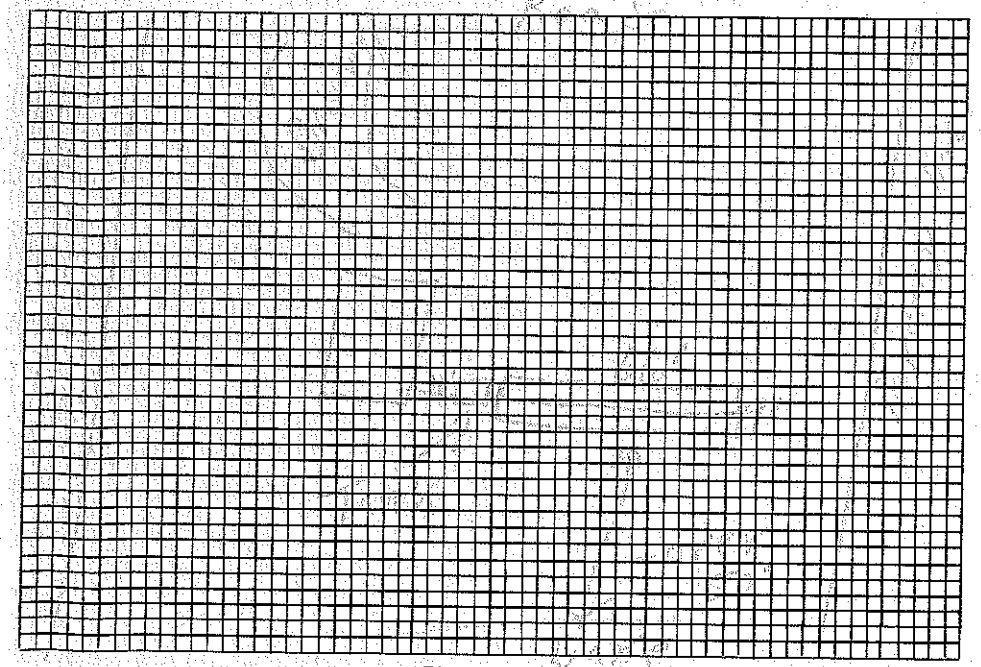
SUBDIVISION NAME Lake Norman LOT NO. 2 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Sandy clay loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	45 min Rate 0
Auto. Wash. Machine	Yes ( )	No ( )	Topography	10% slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Not to Low water level
			Rock or other impervious formations	None

Lot Area 3/4 acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by Sam Smith

IMPROVEMENTS PERMIT BY J. C. Turner

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Turner DATE 12-10-21

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

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. _____

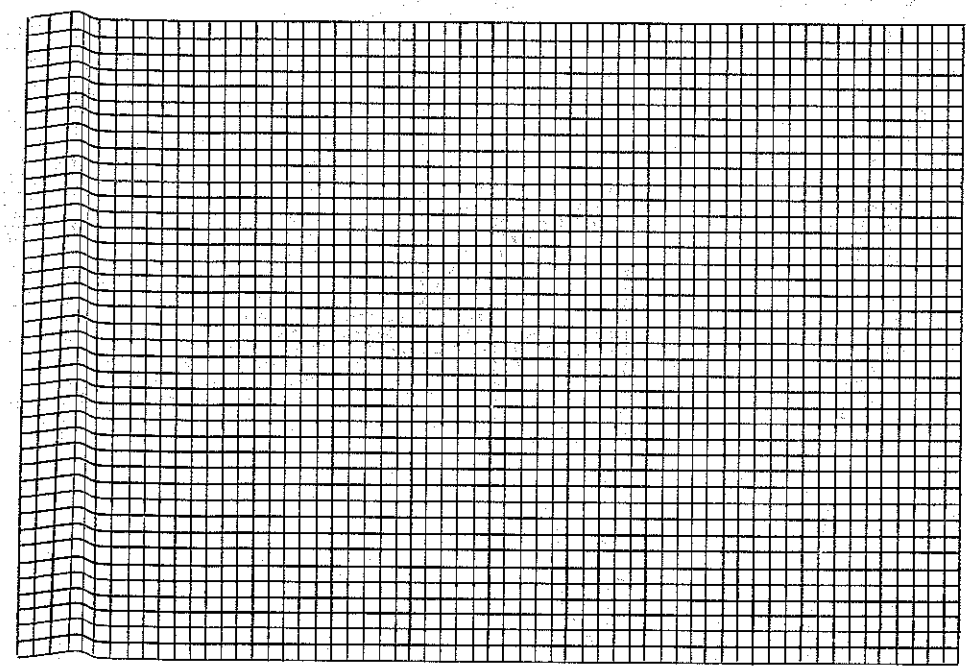
House ( ) Mobile Home ( ) Business ( ) Other _____

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.

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 Erik Hathaway DATE 11-12-05 PERMIT NO. 257

PHONE: Business _____ Home _____

LOCATION Hwy 21 N to Elmwood Rd. turn left to end of road, turn right, 2nd house on left.

S. R. No. _____

SUBDIVISION NAME Private Residence LOT NO. 2 SECTION OR BLOCK NO. _____

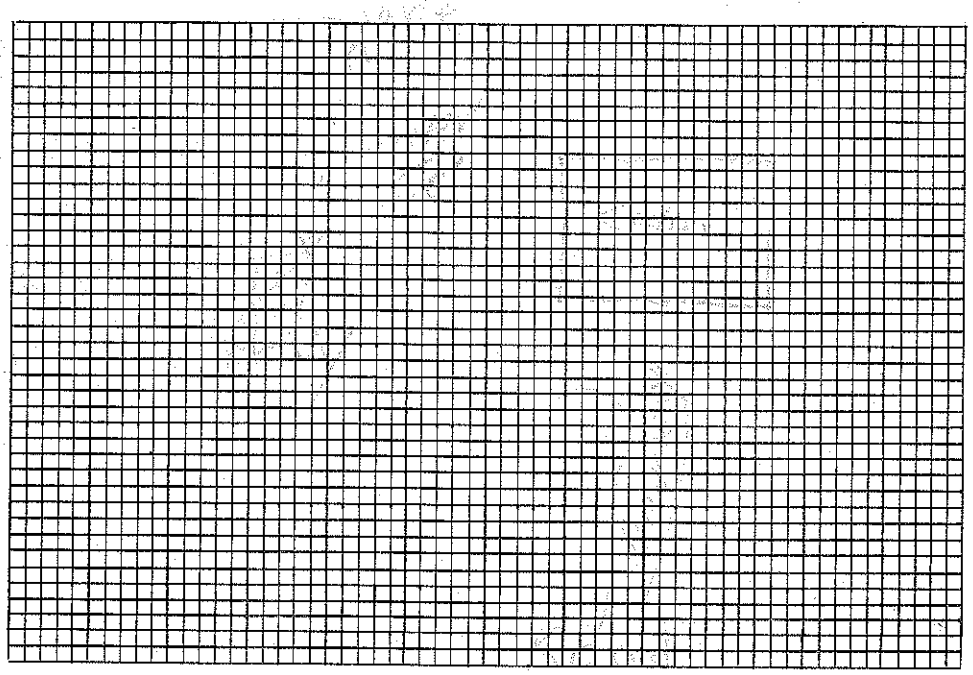
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 2 acres

Character & Porosity of Soil Clay loam
Percolation Rate 5 min per inch
Topography Slope to the road
Depth to Water Table 10'
Rock or other impervious formations none



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 Self Installed

IMPROVEMENTS PERMIT BY _____

COMMENTS: Septic is constructed according to State rules and can only under goodwill to be supplied no later.

CERTIFICATE OF COMPLETION BY _____ DATE 11-12-05

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