4636110216

Mooresville Office

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 Hope Brothers DATE 6-8-76 PERMIT NO. _____

PHONE: Business 872-6511 Home _____

LOCATION 1100 Ft on 115

S. R. No. _____

SUBDIVISION NAME ✓ Norman Shore LOT NO. 45 SECTION OR BLOCK NO. _____

Site Address: 151 Peninsula Dr. Mrsvl.

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

No. Bedrooms 3 No. Bathrooms 1½

Character & Porosity of Soil Clay loam Fair

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 40 ft taken

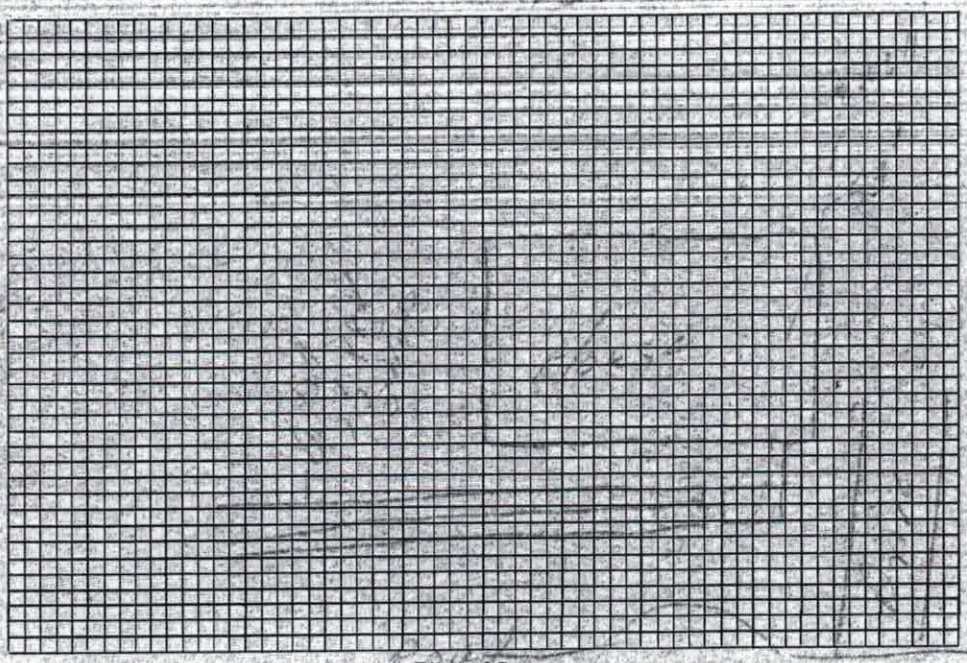
Auto. Dishwasher Yes ( ) No (✓) Topography 2% Slope

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 10 ft

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None

Lot Area 2.2 Ac

Lake



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 225 Linear Ft. 450

Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Hope Brothers

IMPROVEMENTS PERMIT BY John Sheridan

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Sheridan DATE 6-8-76

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

4636-71-0216

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 Hope Brothers DATE 2-12-76 PERMIT NO. _____

PHONE: Business 872 4111 Home _____

LOCATION 1100 Tlon 1112

S. R. No. _____

SUBDIVISION NAME Norman Shores LOT NO. 15 SECTION OR BLOCK NO. _____

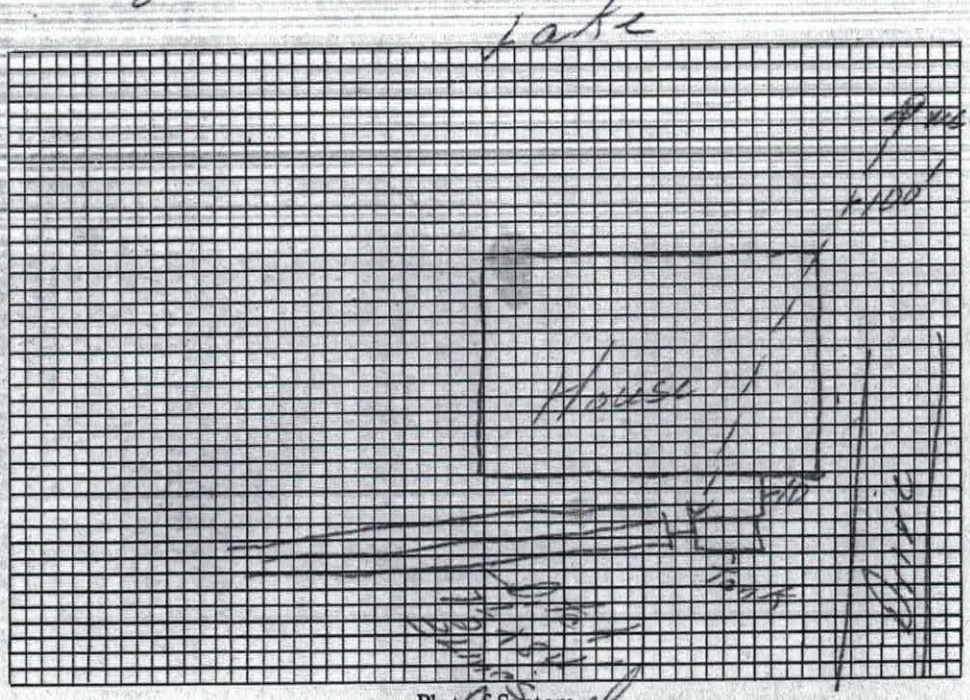
Site Address: 151 Peninsula Dr. Mrsvl

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam	Porosity Fair
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Half Taken	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2% Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	8' to 10'	
			Rock or other impervious formations	None	

Lot Area ½ acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY John Houston

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