4637-01-6611

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 Bob Wright DATE 12-19-79 PERMIT NO. 433

PHONE: Business _____ Home _____

LOCATION 1100 TR on 1178 TL on 1443 ~½ mi. on Rt.

S. R. No. _____

~~SUBDIVISION NAME~~ Lake Norman LOT NO. — SECTION OR BLOCK NO. —

Site Address: 196 Beaten Path Ln: Mrsvl

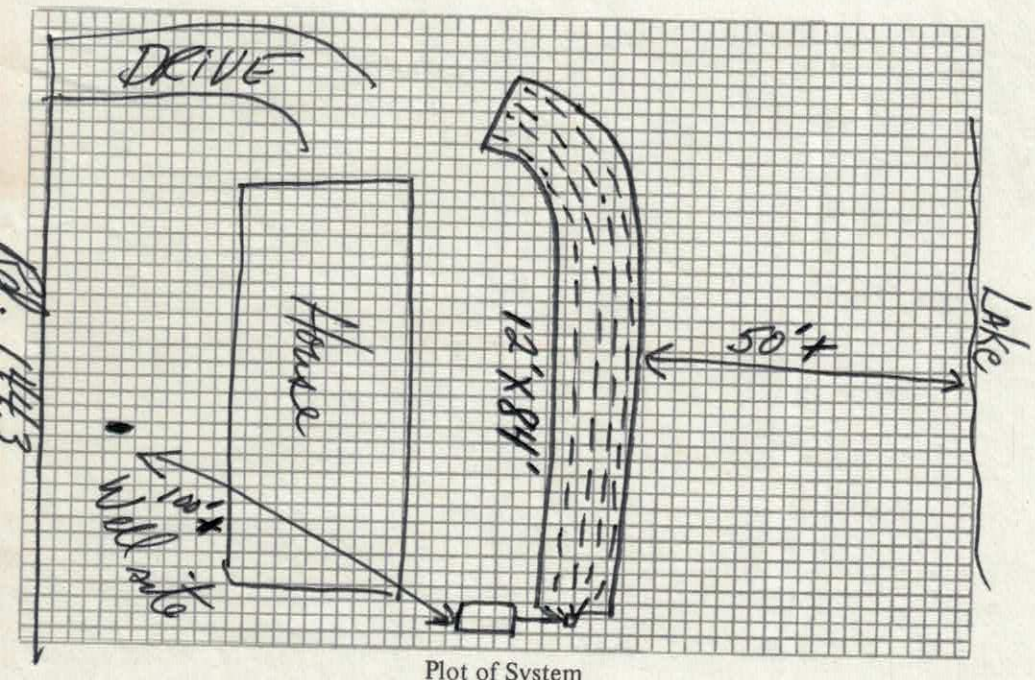
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

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

Lot Area ~ 3/4 AC.

Character & Porosity of Soil clay loam
Percolation Rate 80 mpi
Topography 15%
Depth to Water Table sink.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1000 Linear Ft. 333
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by F. J. Erwin

IMPROVEMENTS PERMIT BY IRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 12-19-79

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 Bob Wright DATE 10-1-79 PERMIT NO. 299

PHONE: Business _____ Home _____

LOCATION 1100 TR on 1178 TL. 1443 ~ ½ mi. on Rt.

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. — SECTION OR BLOCK NO. —

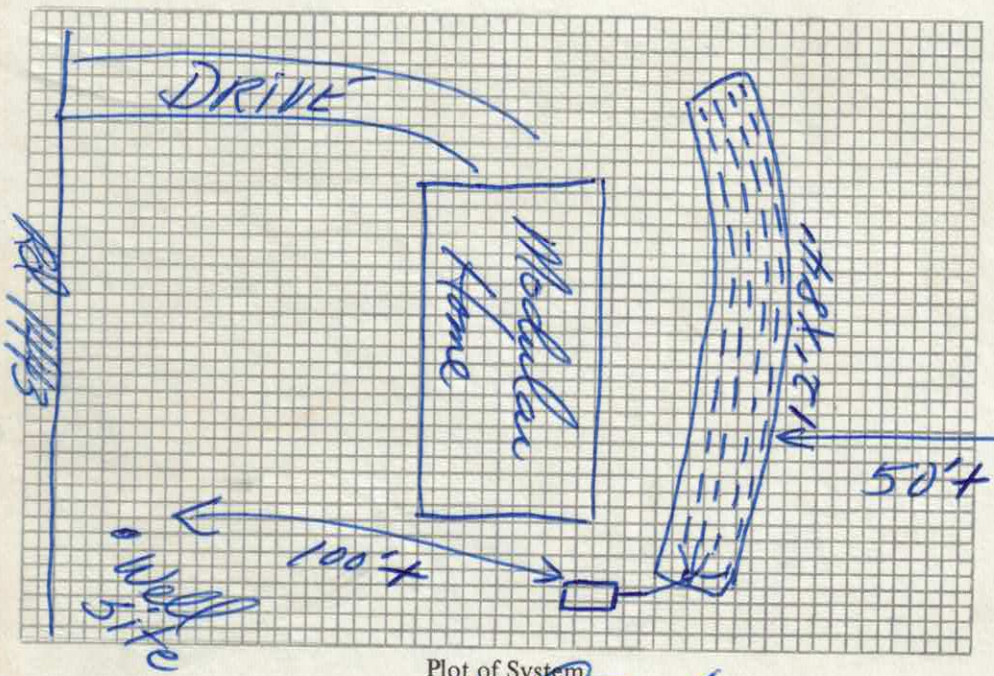
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

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

Lot Area ~ 3/4 AC.

Character & Porosity of Soil Clay Loam
Percolation Rate 80 mpi
Topography 10-15%
Depth to Water Table 6'+
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1000 Linear Ft. 333
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY David R. Hinson

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