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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Walter Klepfer DATE 4/28/92 PERMIT NO. 2A-3-A-87

PHONE: Business _____ Home 663-5530

LOCATION Riverwood Dr. - 150E, TL on McCrary TR on Riverwood, 1 1/2 mile on (L) S.R. No. _____

SUBDIVISION NAME CL+T LOT NO. 85 SECTION OR BLOCK NO. 10

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 ☐

Lot Area Existing

Soil Characteristics Existing

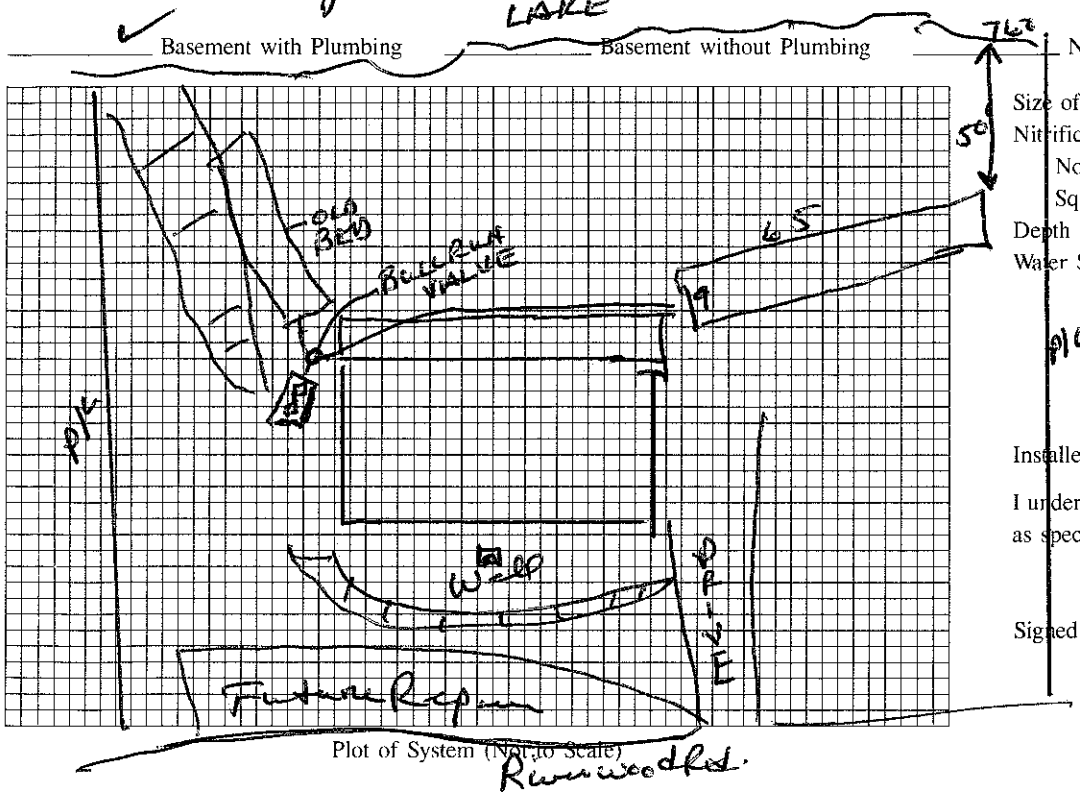
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 / 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12 "

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 4/28/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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 Robert Klepfer DATE 11-1-82 PERMIT NO. 347

PHONE: Business _____ Home _____

LOCATION 150 W. TC 1168 Bear Ck. ½ mile on Left

SUBDIVISION NAME Lake Norman LOT NO. 85 SECTION OR BLOCK NO. 10 S.R. No. _____

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

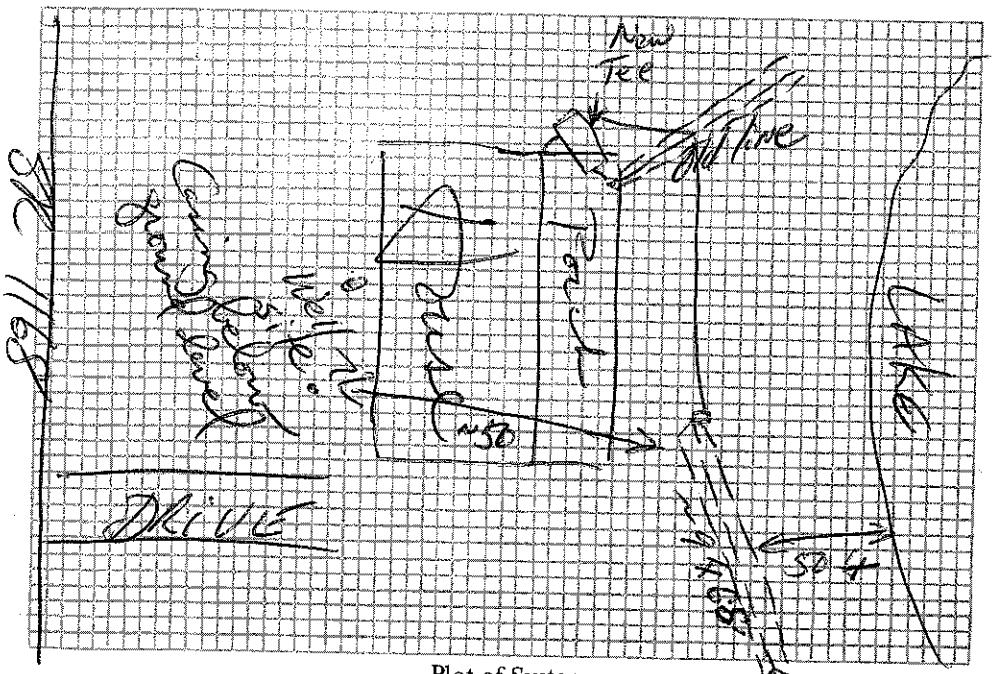
No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil clay loam
Percolation Rate 50 mpi
Topography 4-6%
Depth to Water Table 4+
Rock or other impervious formations none obs.

Lot Area Existing

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 2600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Wayne Osborne

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Divert surface water, french drains etc

CERTIFICATE OF COMPLETION BY _____ DATE 11-1-82

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

after 2:30

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 Robert Klepfer DATE 9-21-82 PERMIT NO. 174

PHONE: Business _____ Home 663-5330

LOCATION 150 W. TL 1168 bear Rt. on dirt rd (1168) ½ mile on left

SUBDIVISION NAME L.N. S. R. No. _____

LOT NO. 85 SECTION OR BLOCK NO. 10

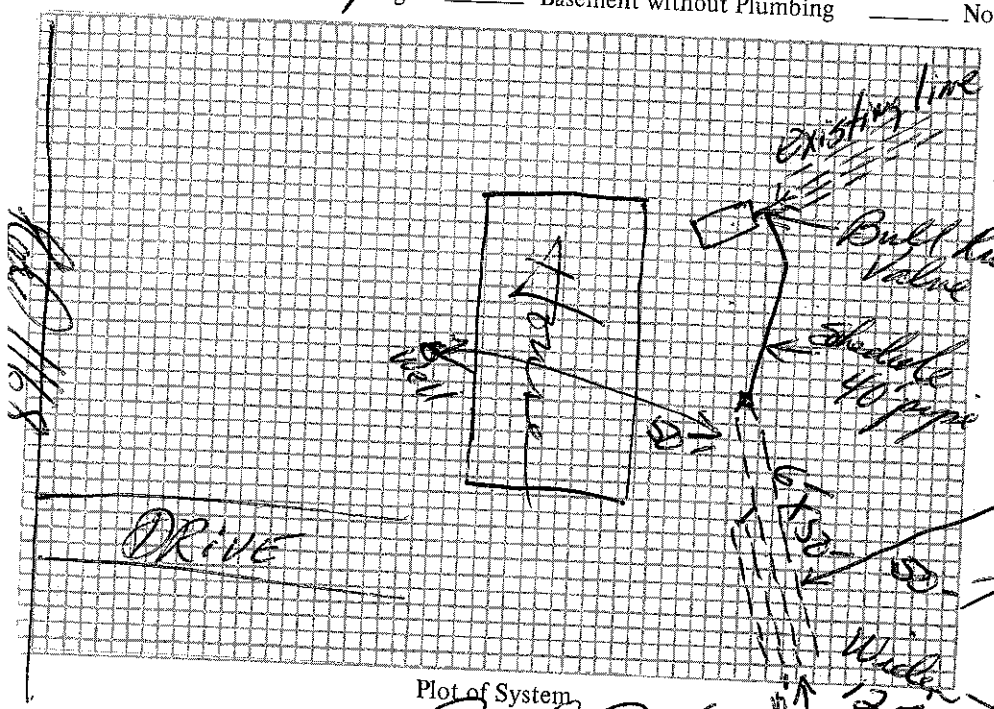
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area Existing

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2+
Sq. Ft. 260 ft Linear Ft. ~200 ft
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Robert O. Klepfer

IMPROVEMENTS PERMIT BY David R. Inman

COMMENTS: Use minimum fall to drainfield from tank. Backfill area between tank and drainfield to cover plumbing.

CERTIFICATE OF COMPLETION BY _____

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