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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 Kent M. Kalina DATE 1/4/89 Quad: 20B ~~PERMIT NO.~~

PHONE: Business _____ Home _____

LOCATION 150 W. TL 1168 (McCrary) TR 1225 (Riverbend) near end on left S. R. No. _____

SUBDIVISION NAME C Land T Lake Norman LOT NO. 87 SECTION OR BLOCK NO. 10

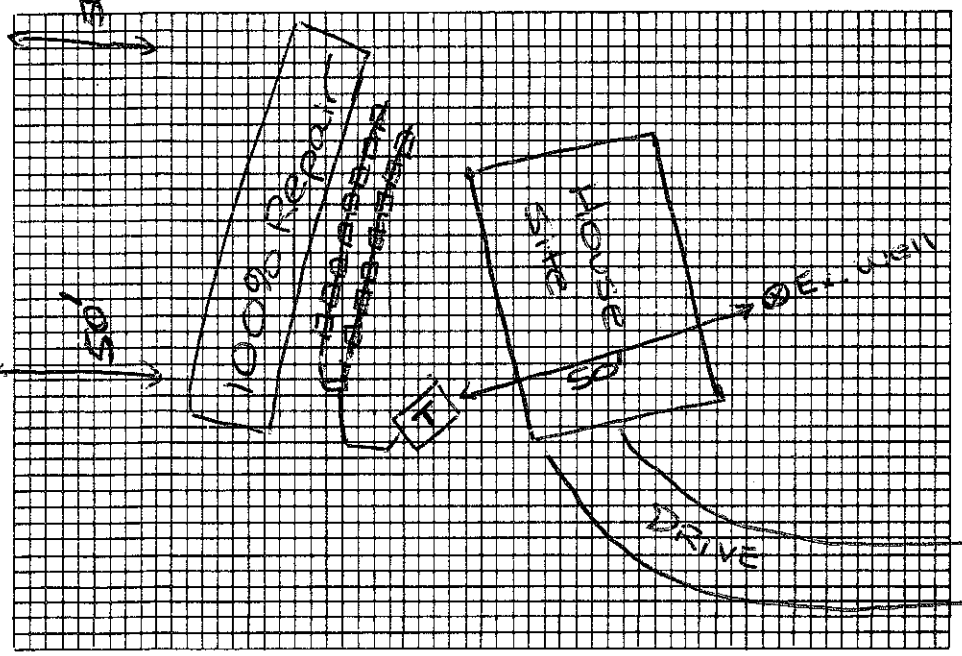
2P-3-A-87 Davidson

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

No. Bedrooms 3	No. Bathrooms 3			Character & Porosity of Soil	Clay
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	4
Auto. Dishwasher	Yes (✓)	No ( )		Topography	8-15%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	4'+
Site ~~Suitable~~ P.S.	Yes (✓)	No ( )		Rock or other impervious formations	none observed

Lot Area 1/2

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 150 of

Depth of Stone in Lines 16" T and J

Water Supply: Individual (✓) panels

Public ( )

Installed by F. J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY André C. Pierce DATE 1/4/89

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 Kent M. Kalina DATE Feb. 22, '88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 150 W. TR 1168 (McCrary) TR 1225 (Riverwood) near end, on left S. R. No. ______

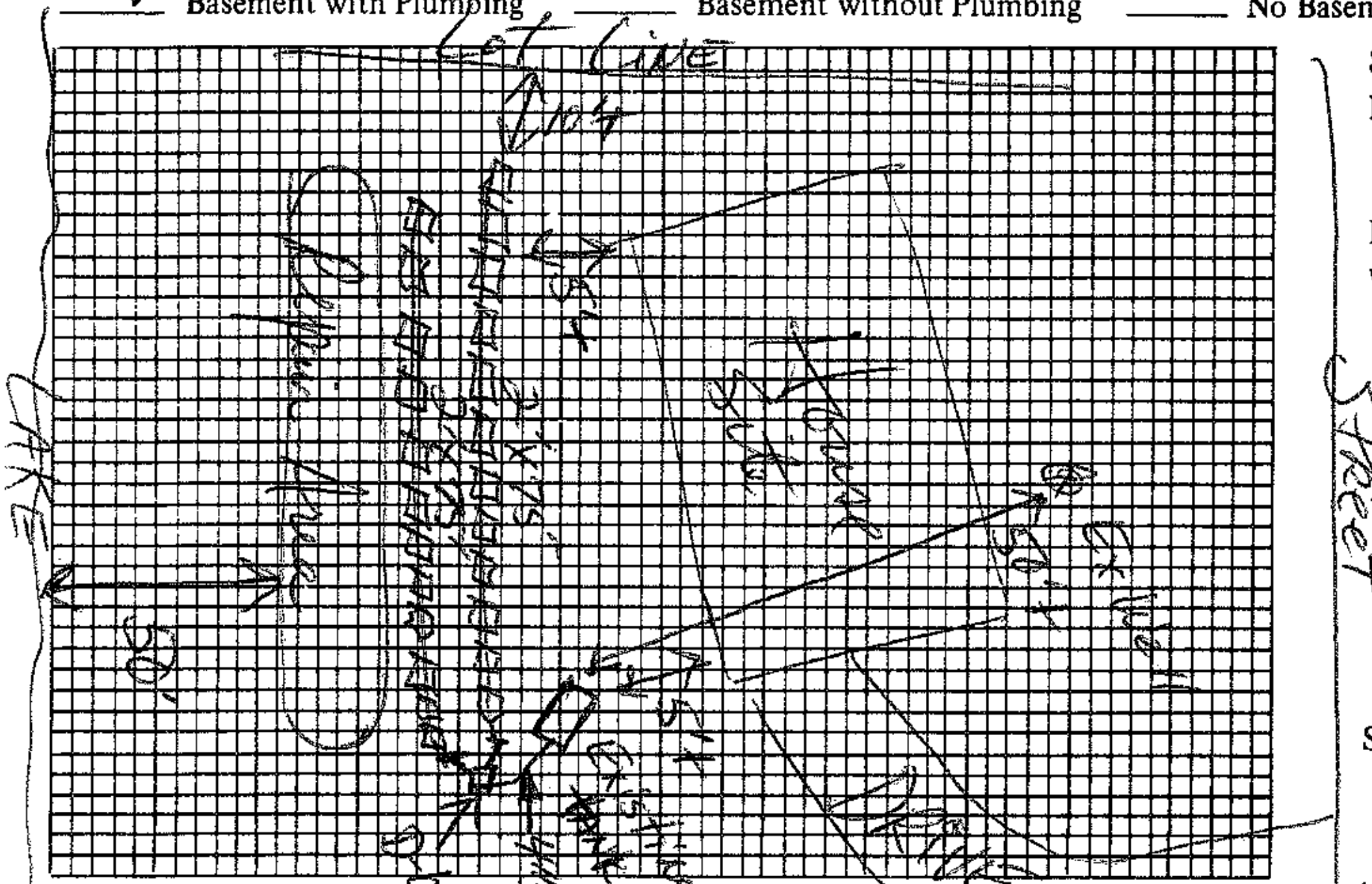
SUBDIVISION NAME CLFT LAKE NORMAN LOT NO. 87 SECTION OR BLOCK NO. 10

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 ( )
Site ~~Suitable~~ P.S. Yes (✓) No ( )
Lot Area 1/2 Ac +

Character & Porosity of Soil clay
Percolation Rate ≈.4
Topography 8-15%
Depth to Water Table 44"
Rock or other impervious formations none obs.

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. ______ Linear Ft. 150' of
Depth of Stone in Lines 16" T.J.
Water Supply: Individual (✓) private
Public ( )

Installed by ______

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

Signed: x Sherwood F. [illegible]

IMPROVEMENTS PERMIT BY David R. Hinson, RS.

COMMENTS: Replace "tee" in tank. Use 4" sch 40 to new D-box. Use 4" sch 40 from D-box to new lines (drainfield). Use a 4:2 reducer at this point. Use speed levelers in D-box OR use a flow divider instead of D-box.

CERTIFICATE OF COMPLETION BY ______ DATE ______

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