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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 I. Durell Hudgeth DATE 6-6-80 PERMIT NO. 156

PHONE: Business _____ Home _____

LOCATION 150 W TR 1168 at end of pavement Road 1225 Bear left immediately OUR S. R. No. 1168

SUBDIVISION NAME Lake Norman LOT NO. 62 SECTION OR BLOCK NO. 10

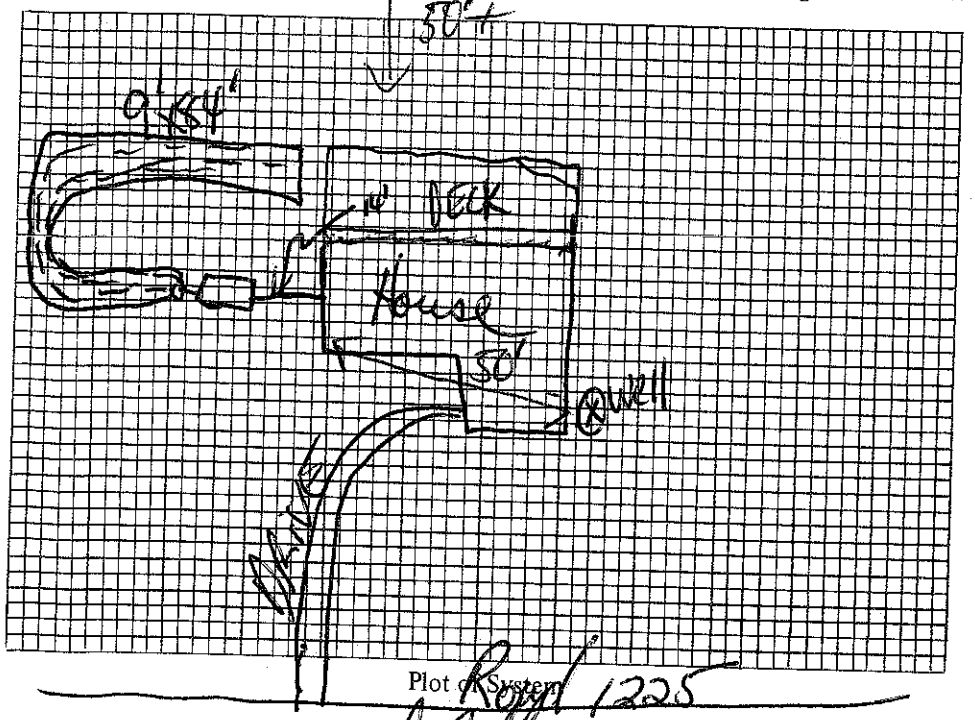
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Cecil fine Sandy clay
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	30 mpi
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-6%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	6' + above lake level
			Rock or other impervious formations	NONE observed

Lot Area 86 acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Road 1225

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"

Water Supply: Individual (X)
Public ( )

Installed by Eddie Younce

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clanton DATE 6-6-80

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

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 J. Darrell Hutspeth DATE 8-14-79 PERMIT NO. 244

PHONE: Business _____ Home _____

LOCATION 150 West TL on 1168 at end of Pavement. S. R. No. 1168

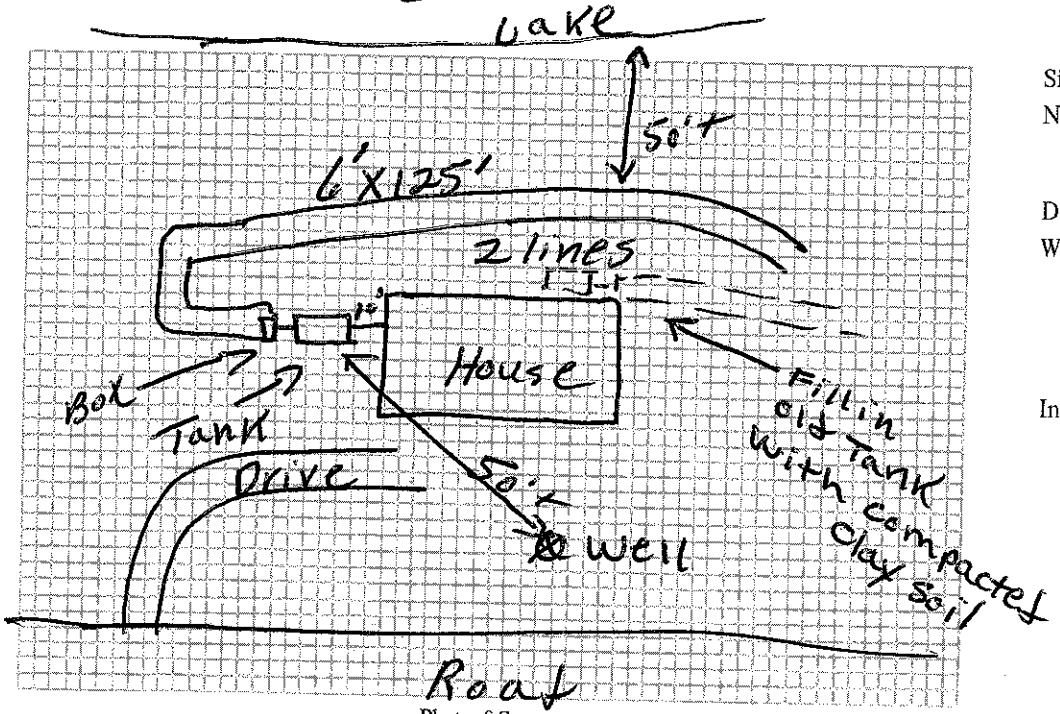
SUBDIVISION NAME Lake Norman LOT NO. 62 SECTION OR BLOCK NO. 10

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil Fine Sandy Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	80 mpi
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	6'+ above lake level
			Rock or other impervious formations	none

Lot Area .86 acre



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Keep line dug at minimum depth to stay maximum distance above lake level.

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 Darrell Hudspeth DATE 8/13/79 PERMIT NO. 287

PHONE: Business _____ Home _____

LOCATION 150W TL 1168 go to end of Road Bear left immediately ON R S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 62 SECTION OR BLOCK NO. 10

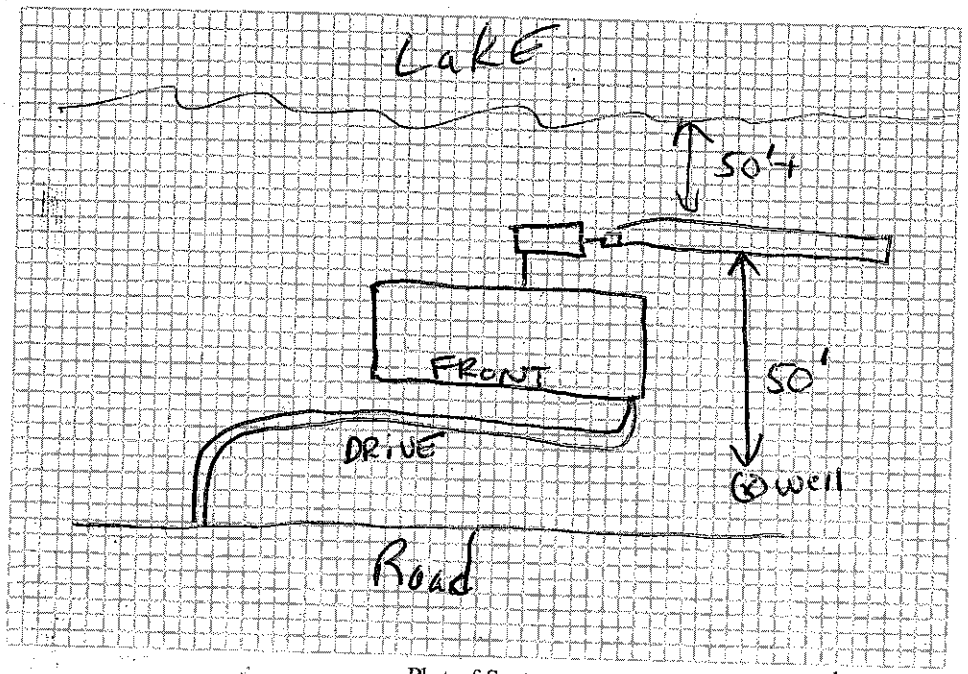
House (X) Mobile Home ( ) Business ( ) Other Existing Septic system

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1.86 ACRES

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing System
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY Fred Clemmer + J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer, RS DATE 8/13/79

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