IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

#280 2100-2100

PERMIT# 113425 ZO PIN# 4637243665 DATE 7/29/03

OWNER OR CONTRACTOR Stuart Rose PHONE: Business Cell 996-9501 Home 374-1072

ADDRESS 6830 Needham Dr. Charlotte, NC 28270

LOCATION Hwy 150 West TL McCrary till end TL Riverwood 5th on right #179

SUBDIVISION ~~Lake Norman~~ (Cove) BLOCK / SECTION 10 LOT 57 LOT AREA .97 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11-3-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI (C)
System Description: Gravity - 25% Reduction
Repair System Description: Pump Innovative Seemate
Maintenance Agreement Required: ☐ Yes ☒ No

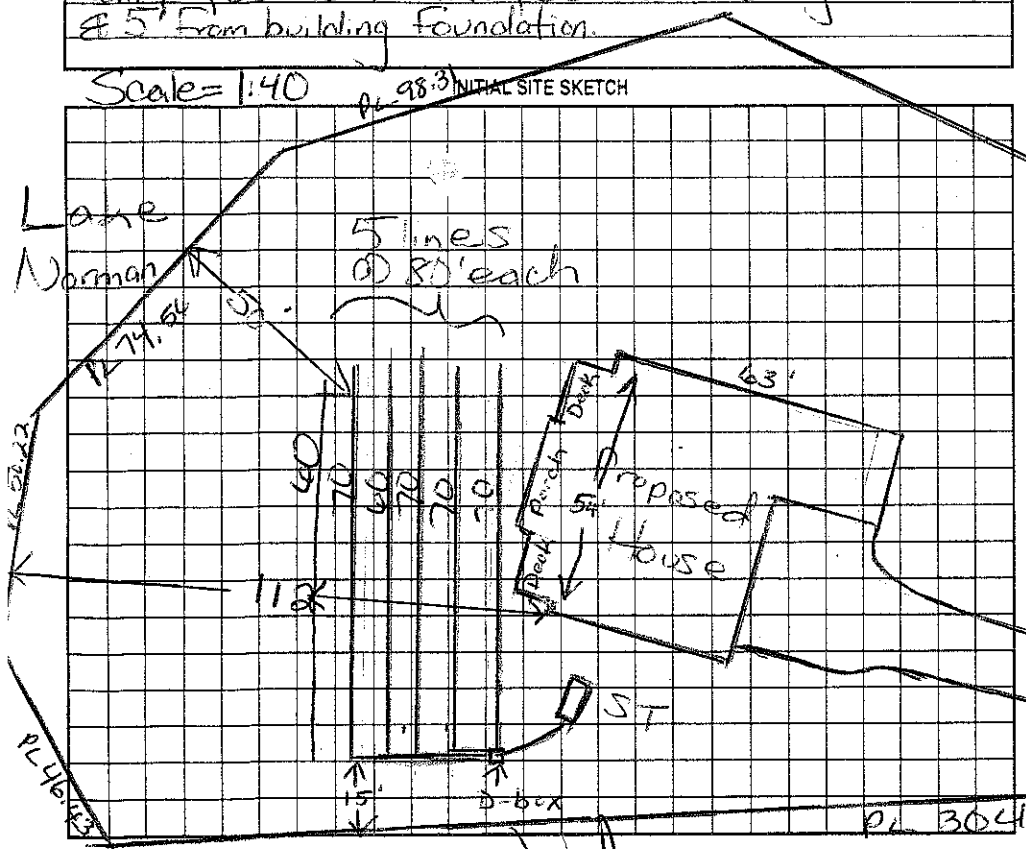
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3.5 No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Existing ☐ Public ☐ Community

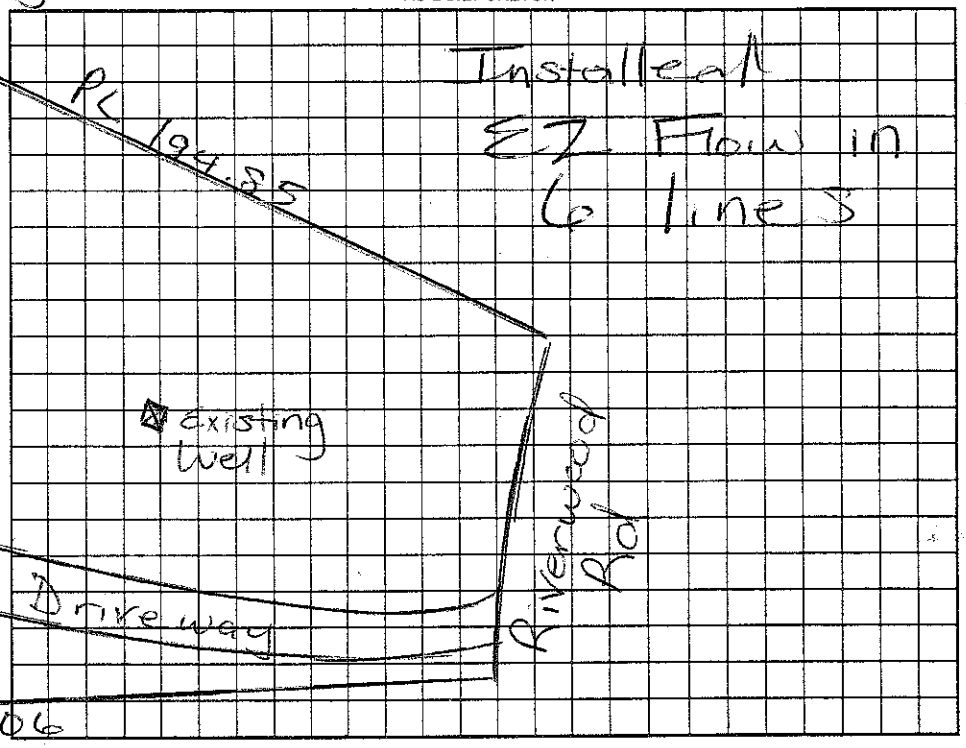
Comments:/Conditions: Keep Septic ~~Syst~~ System at least 10' From PL, 50' from lake, 50' ~~From~~ any well & 5' From building foundation.

Comments:/Conditions: * Lot deeded prior to 1983 When repair is needed, well will have to be relocated so repair can go btw house & road and maintain setback to well.

Scale = 1:40 INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date 7/30/03 Installed by: R&H RS

Improvement Permit by: Mauratt H. Dotson RS date 7/29/03 Operation Permit by: Mauratt H. Dotson date 2/19/04

Authorization to Construct by: Mauratt H. Dotson RS date 7/29/03 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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 Jacob Grigorian DATE 12-5-84 PERMIT NO. 442

PHONE: Business _____ Home _____

LOCATION 150 W TL 1168 at end TL 4th lot on right

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 57 SECTION OR BLOCK NO. 10

House ( ) Mobile Home (X) Business ( ) Other sliding deck

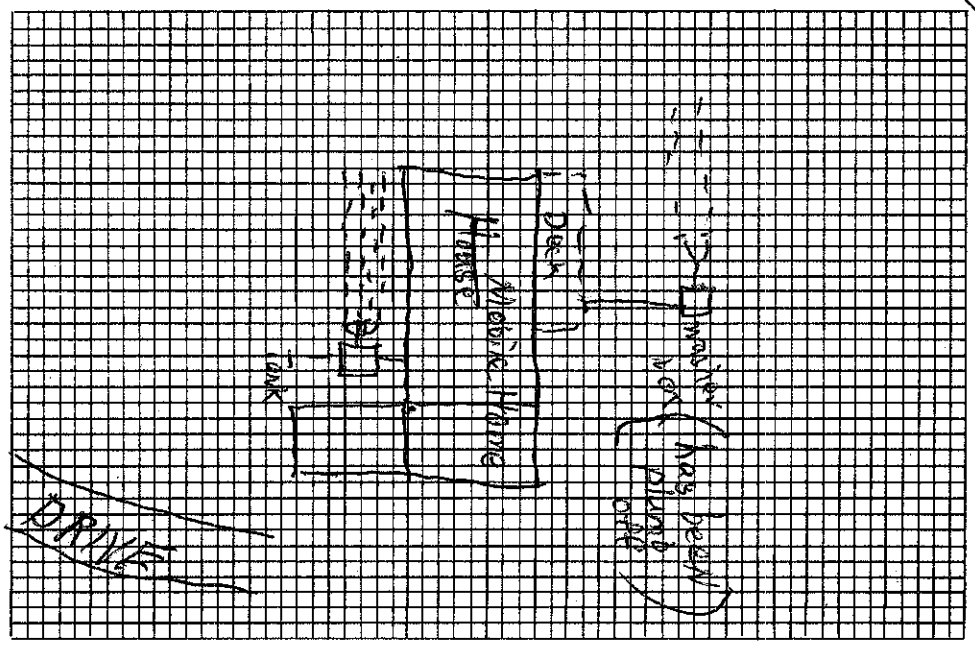
No. Bedrooms _____ No. Bathrooms _____

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

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

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

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

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: washer box has been plumb off to septic tank to correct ~~malfunctioning~~ malfunction in washer box
Existing system working O.K. at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles R. Bennett DATE 12-5-84

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 Jacob Grigorian DATE 11-17-04 PERMIT NO. 304

PHONE: Business _____ Home _____

LOCATION 150 W TL on 1168 a end turn left 4th lot on right

_____ S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 57 SECTION OR BLOCK NO. 10

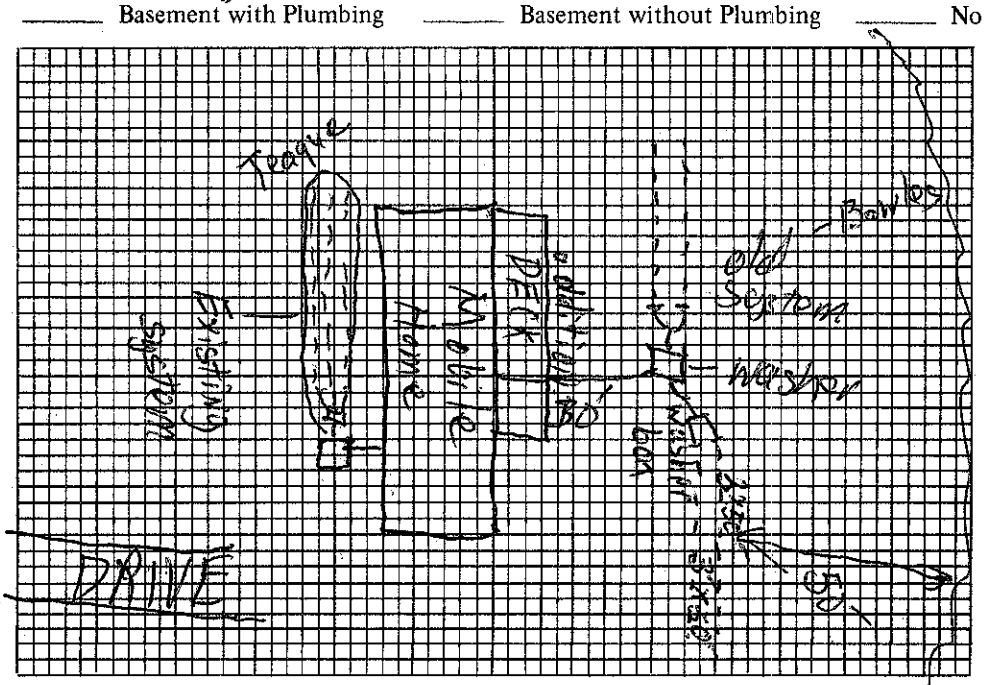
House ( ) Mobile Home (X) Business ( ) Other repair

No. Bedrooms 5 No. Bathrooms _____
Garbage Disposal Unit Yes (X) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

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

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field: 2 washer box
No. of Lines _____
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: Jacob Grigorian

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: _____

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

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.C. Gwaltney DATE 10-4-94 PERMIT NO. _____

PHONE: Business _____ Home 392-1890

LOCATION 150 west TL on 1168 at end Turn 1st left 4th lot on right S. R. No. 1162

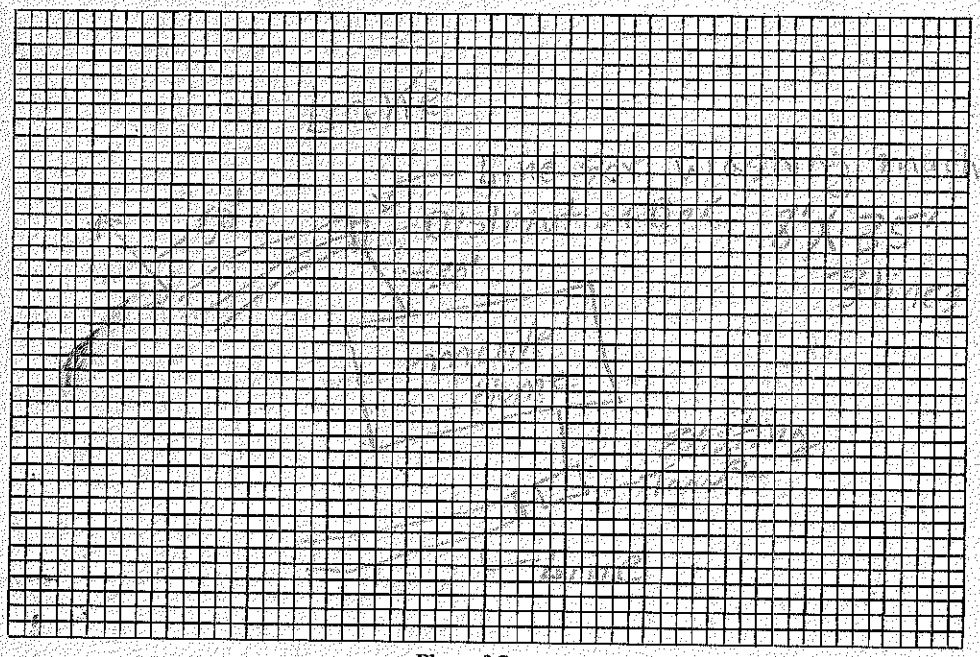
SUBDIVISION NAME Lake Norman LOT NO. 507 SECTION OR BLOCK NO. 10

House ( ) Mobile Home ( ) Business ( ) Other Modular Home

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Fine Sandy Clay (Porosity Fair)
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Not taken
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	3-20 slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Stab. to lake level
			Rock or other impervious formations	None

Lot Area 1 Acre



Plot of System

Size of Tank Existing System Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by _____

1970
Addition to System
by J.R. Bowles
10-4-94

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: System was added to in order to bring up to Standards. This was done by adding a ditch 8' wide 35' long with 3 lines and 15" of stone for the washing machine waste water

CERTIFICATE OF COMPLETION BY J.C. Moore DATE 10-4-94

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 J.C. Gwaltney DATE 9-4-74 PERMIT NO. 245

PHONE: Business _____ Home 873-1892

LOCATION 150 West of Troy on 1168 at end on left Turn Left 4th lot on right S. R. No. 1165

SUBDIVISION NAME Lone Norman LOT NO. 52 SECTION OR BLOCK NO. 1a

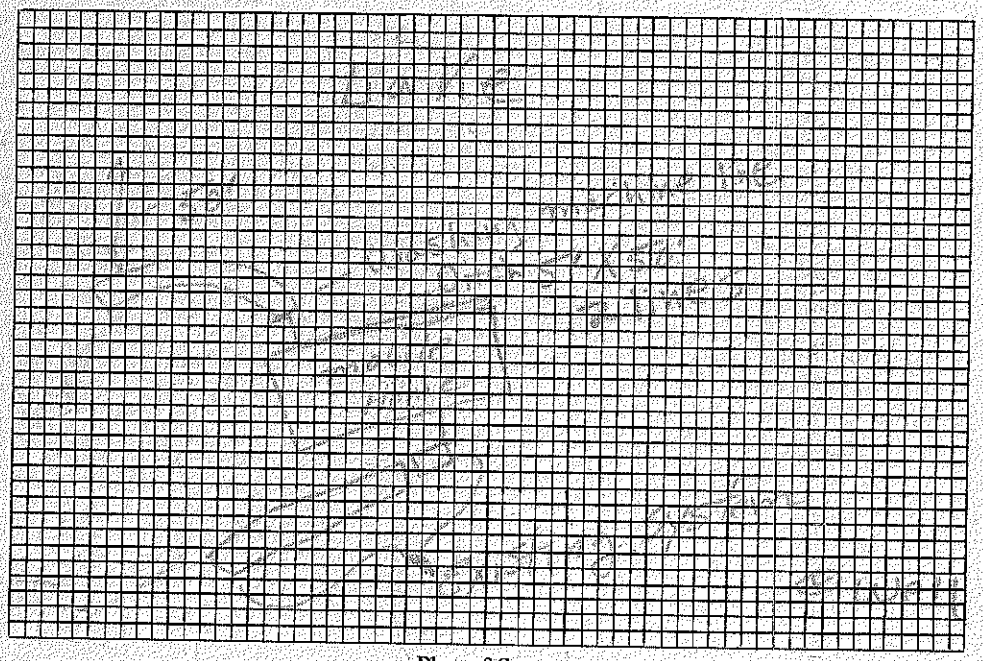
House ( ) Mobile Home ( ) Business ( ) Other Double wide Mobile Home

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 3rd acre

Character & Porosity of Soil Fine sandy clay loam Red
Percolation Rate not taken
Topography Rolling slope
Depth to Water Table 4 to 6' to Lake level
Rock or other impervious formations none



Plot of System

Existing

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

Installed by Tommie 1990

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: A single mobile home is on the lot now. It will be pulled out and replaced by a double wide. The septic tank system will do provided a ditch 5'x50' with 2 lines and 10" of No. 10 stone will be added to service washing machine

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