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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 Don Bedford DATE Dec. 21, 89 PERMIT NO 2K-6-A-225

PHONE: Business _____ Home _____

LOCATION 1100 TR 1250 (Oak Tree Rd) Bear left at lake .3 mile on Right S. R. No. _____

SUBDIVISION NAME CLET LAKE NORMAN LOT NO. 225 SECTION OR BLOCK NO. 9

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

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil _____

Percolation Rate _____

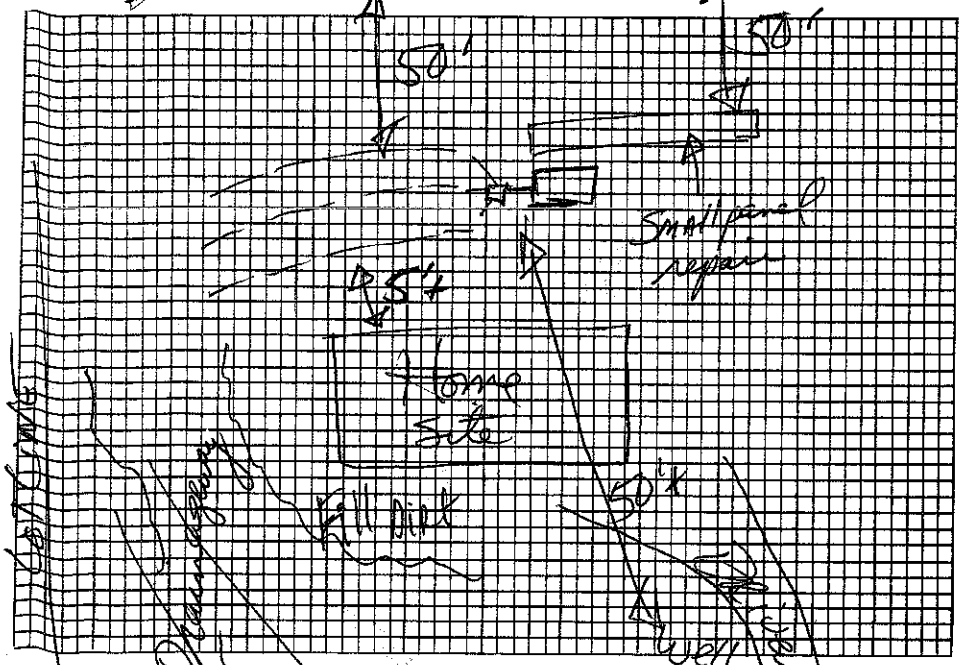
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area EXISTING LAKE

___ 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 ( )

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY CKB

COMMENTS: Two bedrooms maximum in home. Remove existing tank off drainfield. SR 1250

Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: J. R. Hinson R.S. DATE 12-21-89

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

orig. permit → Grant Clark [5-30-86]

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 Grant Clark DATE 5-30-86 PERMIT NO. 308

PHONE: Business _____ Home _____

LOCATION Brawley School Rd TR on Oak tree BL at fork ~.5 mile on R S. R. No. _____

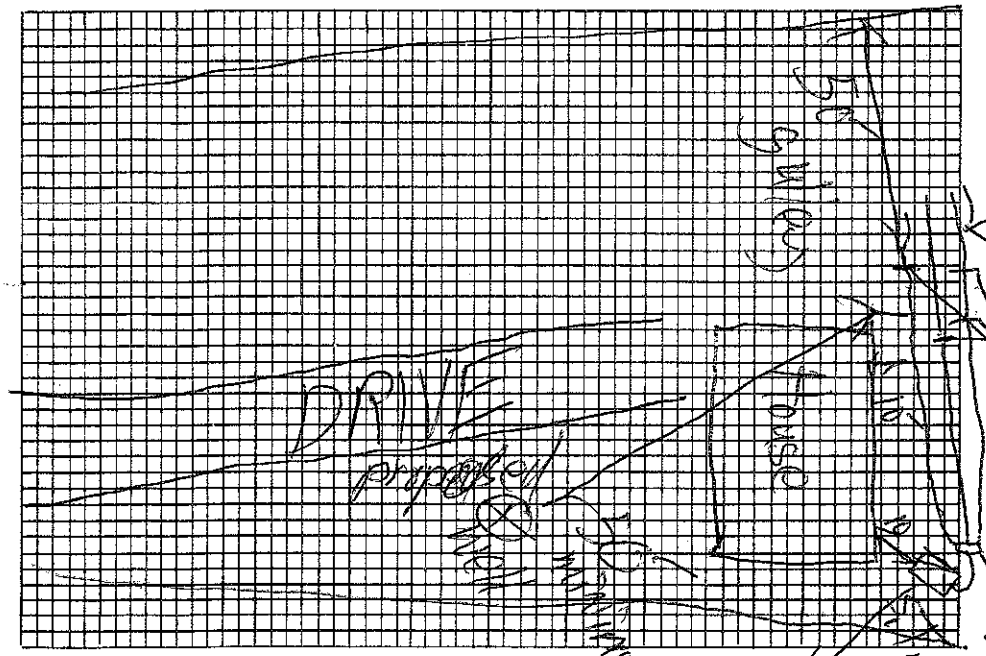
SUBDIVISION NAME Lake Norman LOT NO. 225 SECTION OR BLOCK NO. 9

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

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20,000ft²

Character & Porosity of Soil Clay with parent material
Percolation Rate 0.4 gal/ft²/day
Topography 2-10% 4
Depth to Water Table _____
Rock or other impervious formations None obs

_____ Basement with Plumbing _____ Basement without Plumbing 1 No Basement



Plot of System

Size of Tank 1300 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. ~~2060~~ Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Robertson

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

Signed: _____

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: well is not down yet at date of inspection

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 5-30-86

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 Grant Clark DATE 5-23-86 PERMIT NO. 233

PHONE: Business ________ Home ________

LOCATION Brawley School Rd T R on Oak tree BL at fork ~.5 mile on R S. R. No. ________

SUBDIVISION NAME Lake Norman LOT NO. 225 SECTION OR BLOCK NO. 9

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

~~Lot Area~~ 20,000 ft²

Character & Porosity of Soil clay with parent material

Percolation Rate .4 gal/ft²/day

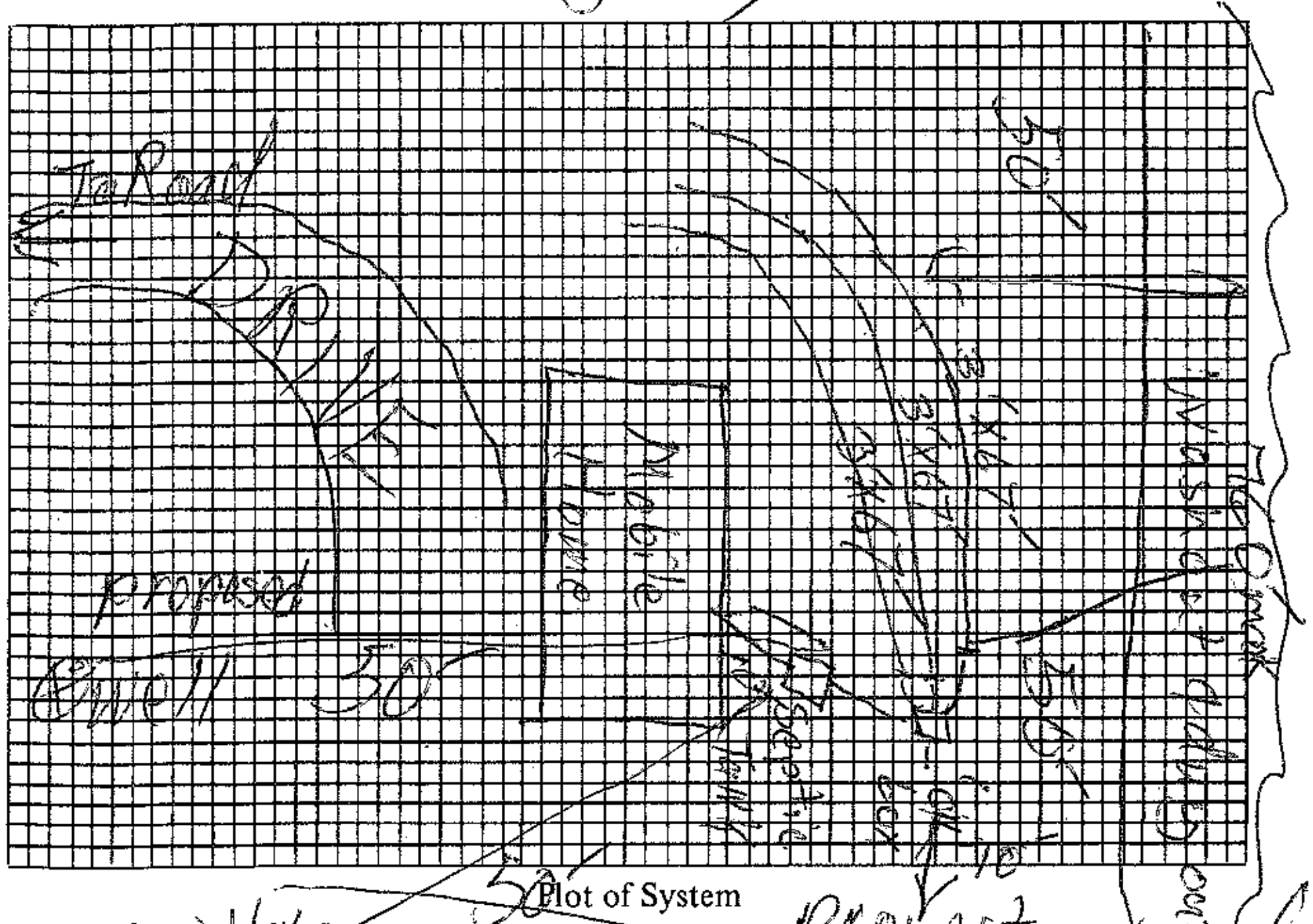
Topography 2-10%

Depth to Water Table 4'

Rock or other impervious formations Non obs

gulley

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 200

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: Grant Clark

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: keep system shallow and follow contour keep ditches no more than 2.5' to 3' deep especially at end of lines

CERTIFICATE OF COMPLETION BY ________ DATE ________

EXISTING SYSTEM CHECKED BY: ________ DATE ________

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold