4637349 149

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 Lloyd Morgan DATE 10-13-81 PERMIT NO. 316

PHONE: Business _____ Home _____

LOCATION 150 W. TL 1180 TR 1221 ½ mile on left

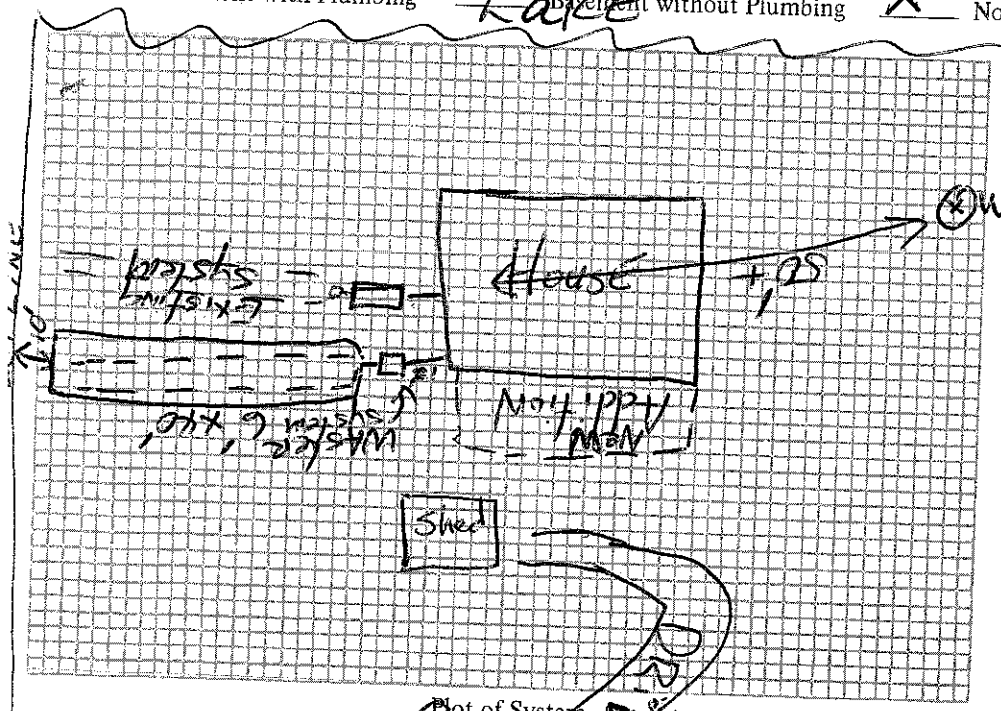
SUBDIVISION NAME Lake Norman LOT NO. 22 S. R. No. _____ SECTION OR BLOCK NO. 10

House (X) Mobile Home ( ) Business ( ) Other WASHER System

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	EXISTING
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
Lot Area ± 3/4 ACRE			Rock or other impervious formations	System

_____ Basement with Plumbing Lake Basement without Plumbing X No Basement WASHER System



Plot of System

Size of Tank 75 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 240 Linear Ft. 80
Depth of Stone in Lines 16"

Water Supply: Individual (X)
Public ( )

Installed by F. J. Ervin Co.
I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY David F. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 10-13-81
EXISTING SYSTEM CHECKED BY: Fred Clemmer 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

11:00 - 11:30

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 Lloyd Morgan DATE 9-28-81 PERMIT NO. 203

PHONE: Business _____ Home _____

LOCATION 150 W. TR 1180 TR 1221 ½ mile on Left

SUBDIVISION NAME Lake Norman S. R. No. _____

LOT NO. 22 SECTION OR BLOCK NO. 10

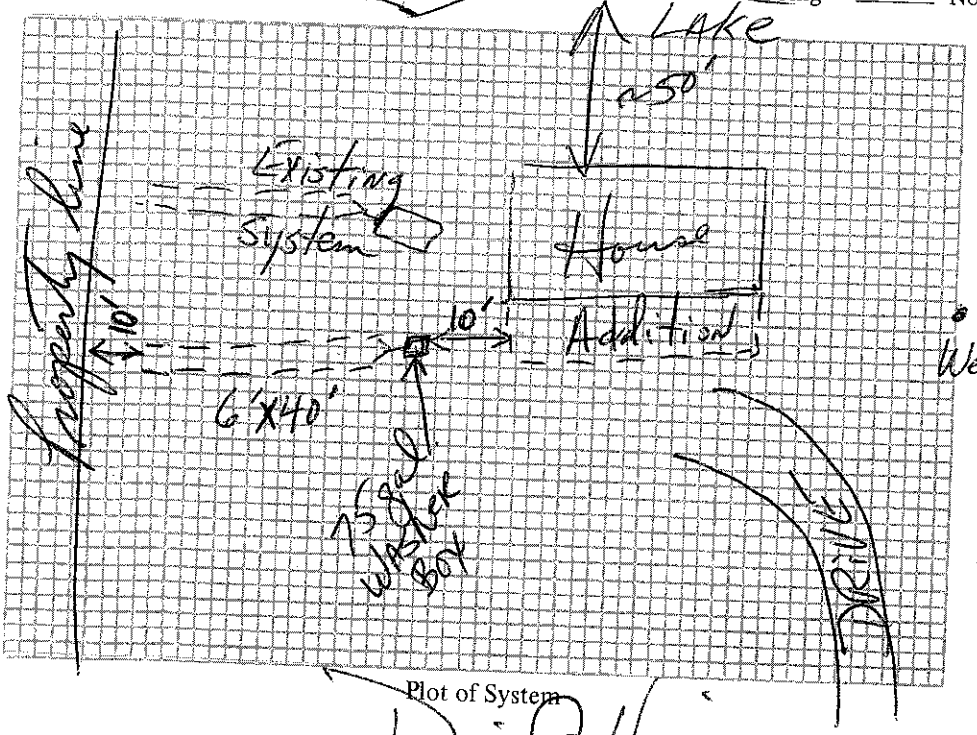
House (✓) Mobile Home ( ) Business ( ) Other _____

W addition

No. Bedrooms 3 No. Bathrooms 2

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	
Lot Area ~ 3/4 AC			Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 75 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 240 Linear Ft. 80
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

X Signed: Lloyd Morgan

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: System for Washer

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

_____ 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 Floyd Morgan DATE 9-28-81 PERMIT NO. 302

PHONE: Business _____ Home _____

LOCATION 150 W. on SR 1180 to SR 1221 ½ mile on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 22 SECTION OR BLOCK NO. 10

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

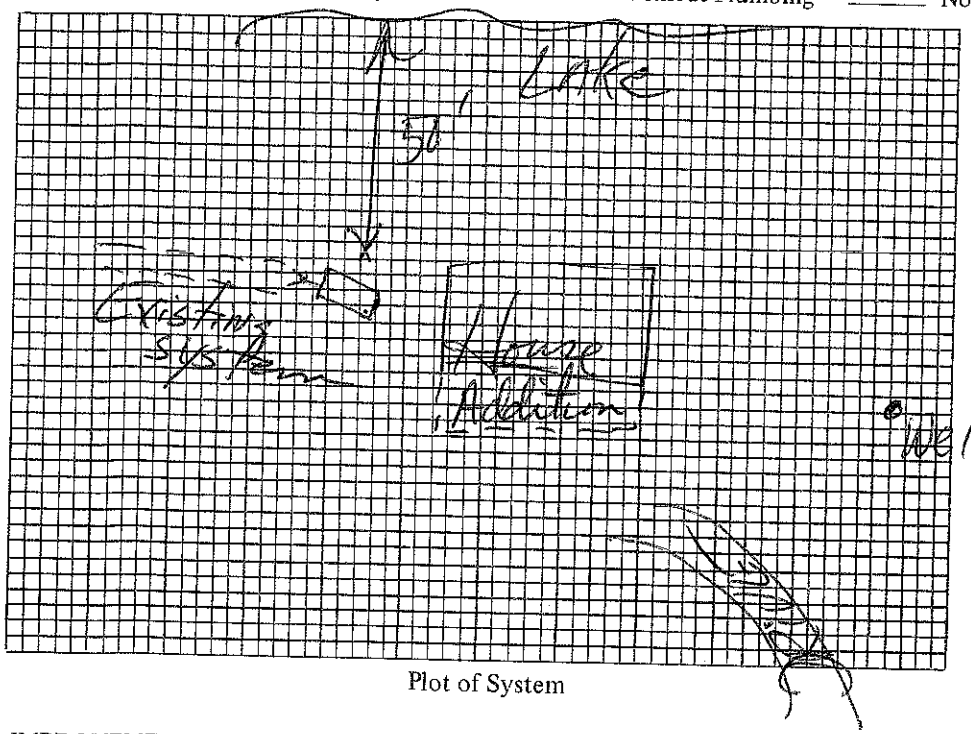
w/addition

No. Bedrooms 3 No. Bathrooms 2

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 ~3/4 Ac.

_____ 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 _____

COMMENTS: Existing system working OK at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: David Lamar DATE 9-28-81

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