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 Larry Spry DATE 4-22-85 PERMIT NO. 173

PHONE: Business _____ Home _____

LOCATION 150 W, TL #80 R 122.1 Whippoorwill Lane • 7 mile on left S. R. No. _____

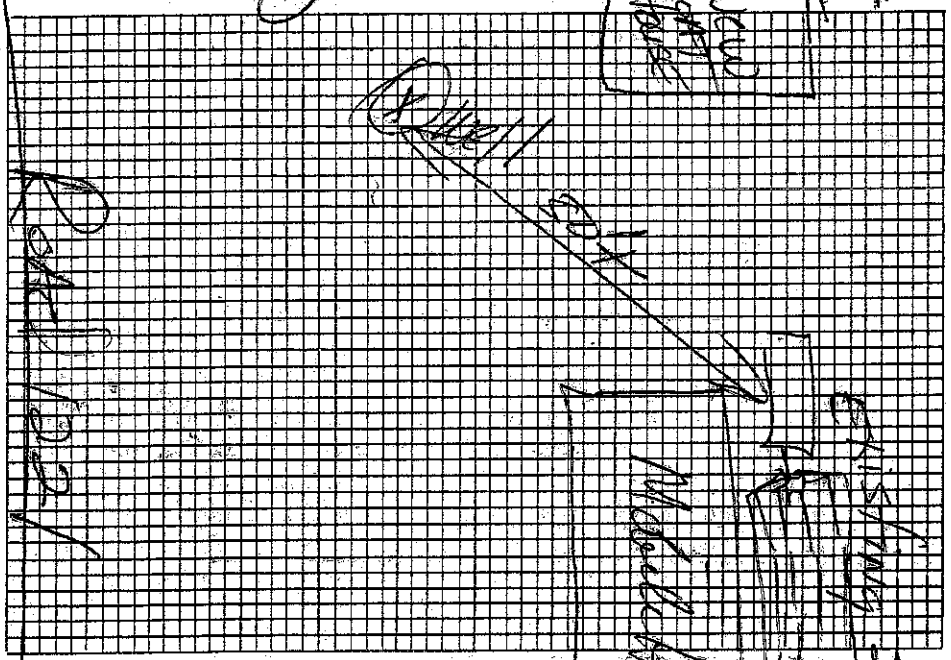
SUBDIVISION NAME LAKE NORMAN LOT NO. 36 SECTION OR BLOCK NO. 10

House ( ) Mobile Home (X) Business ( ) Other 14'x30' Boat House no plumbing

No. Bedrooms 2	No. Bathrooms 2	Character & Porosity of Soil	
Garbage Disposal Unit	Yes ( ) No (X)	Percolation Rate	
Auto. Dishwasher DRIVE	Yes ( ) No ( )	Topography	EXISTING
Auto. Wash. Machine	Yes (X) No ( )	Depth to Water Table	
Site Suitable	Yes (X) No ( )	Rock or other impervious formations	System

Lot Area EXISTING

_____ Basement with Plumbing _____ Basement without Plumbing X 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 LAKE

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System Working O/C At time of inspection

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE 4-22-85

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 Larry Sory DATE 8-2-79 PERMIT NO.

PHONE: Business Home 936-5803

LOCATION 150 W TL on 1180 1st Rd TR Co. Rd ½ mi on left S. R. No.

SUBDIVISION NAME Lake Norman LOT NO. 34 SECTION OR BLOCK NO. 10

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit: Yes ( ) No (✓)

Auto. Dishwasher: Yes ( ) No (✓)

Auto. Wash Machine: Yes (✓) No ( )

Soil Suitable: Yes (✓) No ( )

Lot Area 3 Acres

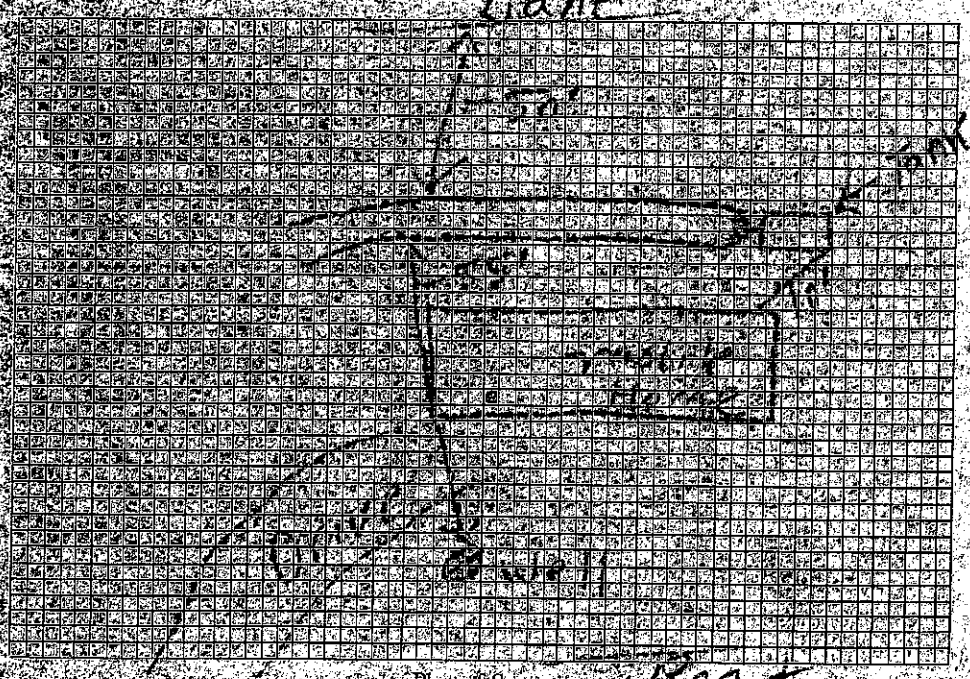
Character & Porosity of Soil Sandy clay loam / Porosity Fa

Percolation Rate Est. Perc. Rate 45 min/inch

Topography 10% Slope

Depth to Water Table 6 to 8' to lake level

Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 516 Linear Ft. 172

Depth of Stone in Lines 20"

Water Supply: Individual (✓)

Public ( )

Installed by Dellinger Septic Tank Co.

IMPROVEMENTS PERMIT BY John Houston

COMMENTS

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 8-2-79

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

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 Larry Spry DATE 4-22-85 PERMIT NO. 173

PHONE: Business _____ Home _____

LOCATION 150W, TL 1189 TR 1221 Whippoorwill Lane • 7 mile on left S. R. No. _____

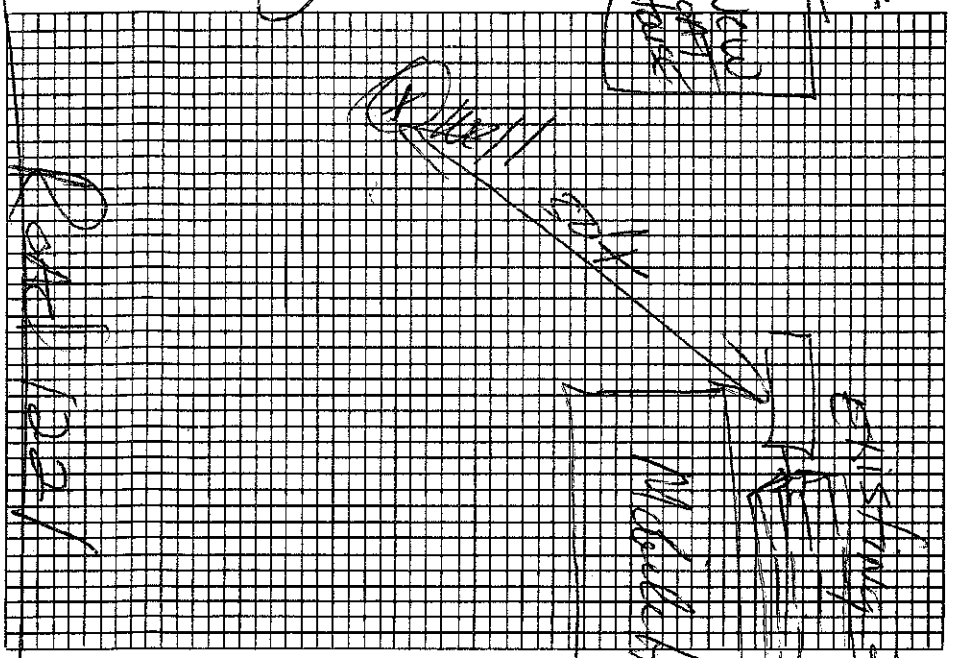
SUBDIVISION NAME LAKE NORMAN LOT NO. 36 SECTION OR BLOCK NO. 10

House ( ) Mobile Home (X) Business ( ) Other 14'x30' Boat House no plumbing

No. Bedrooms 2	No. Bathrooms 2		Character & Porosity of Soil		
Garbage Disposal Unit	Yes ( )	No (X)	Percolation Rate		
Auto. Dishwasher DECOR	Yes (X)	No ( )	Topography	Existing System	
Auto. Wash. Machine	Yes (X)	No ( )	Depth to Water Table		
Site Suitable	Yes (X)	No ( )	Rock or other impervious formations		

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing X 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 Lake

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System working O/K at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 4-22-85

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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 36 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil _____

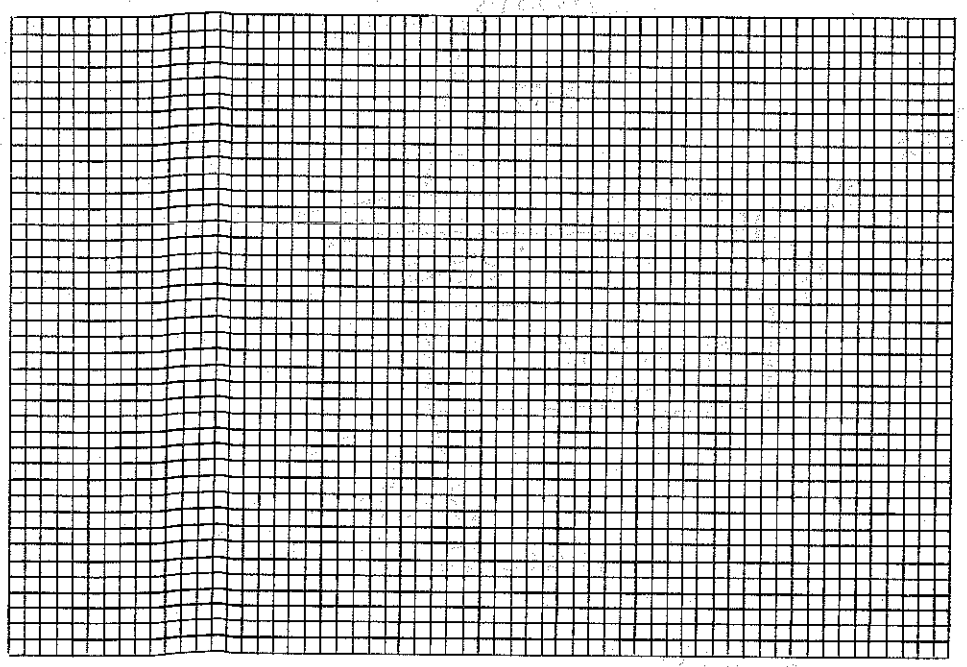
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

_____

_____

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

3:30

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 _____ DATE _____ PERMIT NO. 52

PHONE: Business _____ Home _____

LOCATION _____

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

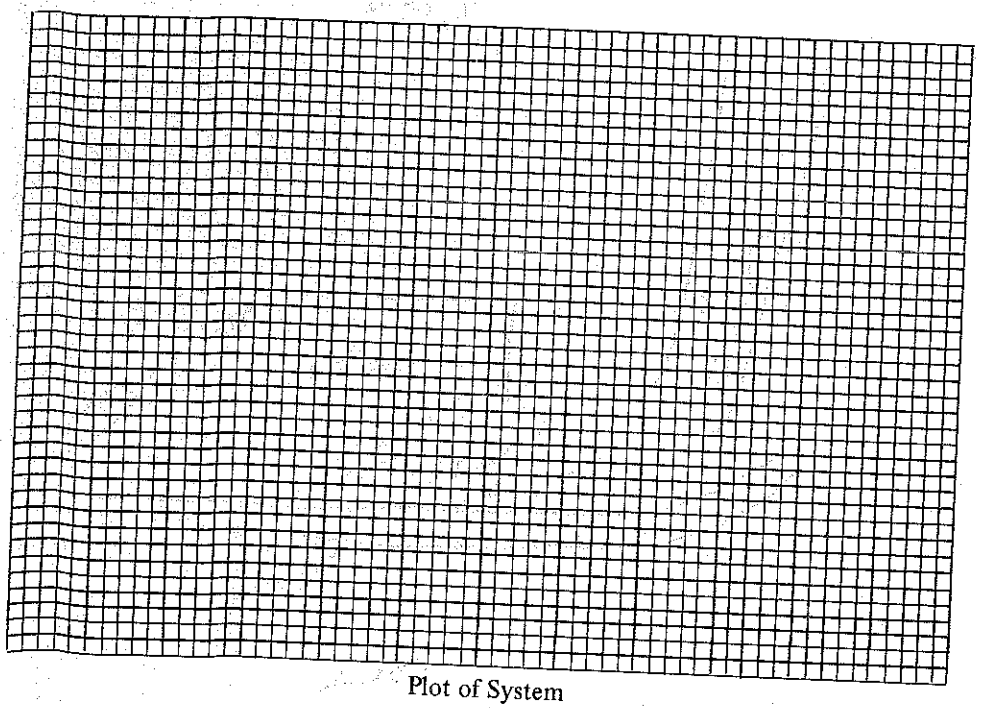
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

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

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