4637410125

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 Kenneth W. Hefner DATE 8-27-85 PERMIT NO. 369

PHONE: Business _____ Home _____

LOCATION 1109 JR 1400 Rt. 1250 .2 miles on R Off right side on R S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 212 SECTION OR BLOCK NO. 9

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

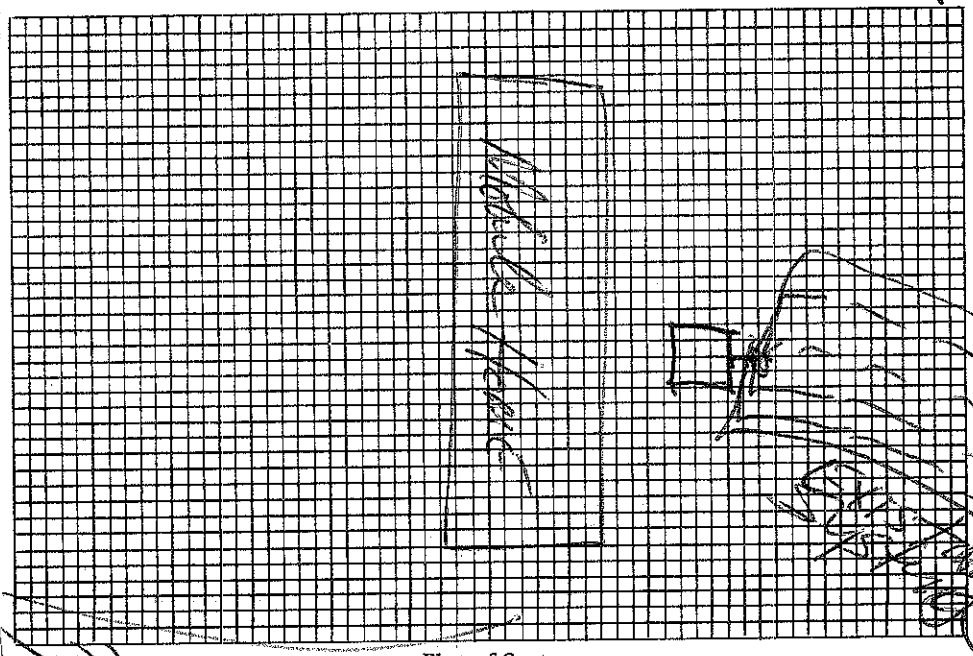
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 27540 Sq Ft

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

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1050 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public ( )

Installed by 6-15-84 Jesse Hoyle

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

Signed: _____

System Checked by Fred Clemmer 8-15-84

IMPROVEMENTS PERMIT BY CKS + JHC

COMMENTS: Existing System working OK At date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 8-27-85

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 Kenneth W. Hefner DATE 6-15-84 PERMIT NO. 187

PHONE: Business _____ Home _____

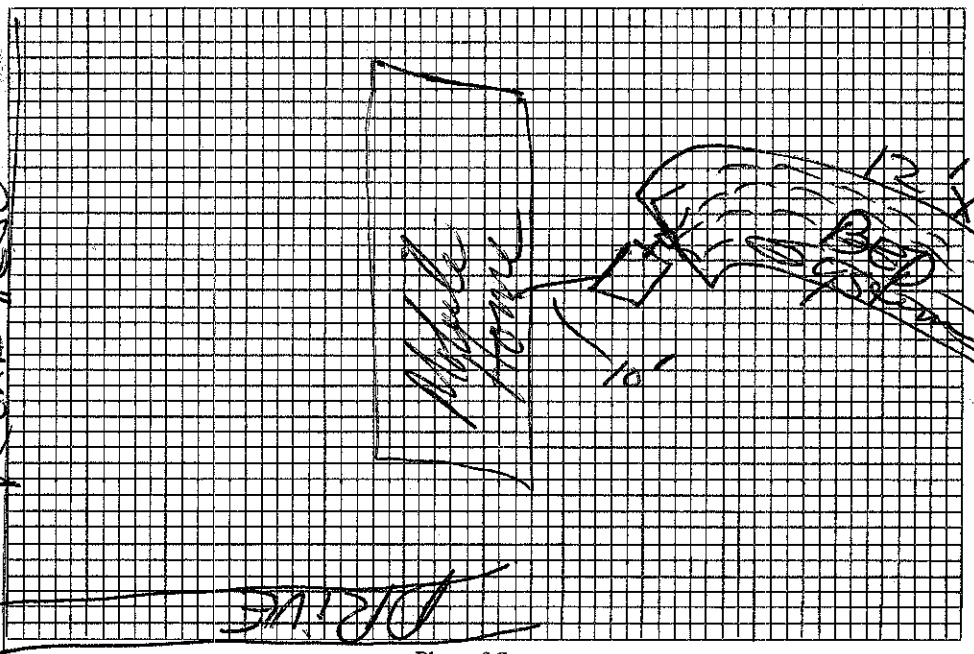
LOCATION 1409 TR 1100 1.5 mile TL 1250 (Oak Tree Road) 2 M.L on R before end of Road S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 212 SECTION OR BLOCK NO. 9

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

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 27,540 sq ft

Character & Porosity of Soil Clay loam w/ red clay
Percolation Rate 0.5 gal/sq ft/day
Topography Slope
Depth to Water Table 4 ft
Rock or other impervious formations NONE OBS.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12
Water Supply: Individual (X)
Public ( )

Installed by Jerry Slagle

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

Signed: _____

IMPROVEMENTS PERMIT BY Charles K. Barnett + Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 6-15-84

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

3.00

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 Kenneth W. Hefner DATE 5-30-84 PERMIT NO. 125

PHONE: Business _____ Home _____

LOCATION 1109 TR 1100 1 mile TR Oaktree 2 mi lot on top hill on R on lake S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 212 SECTION OR BLOCK NO. 9

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

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 27,540 ft²

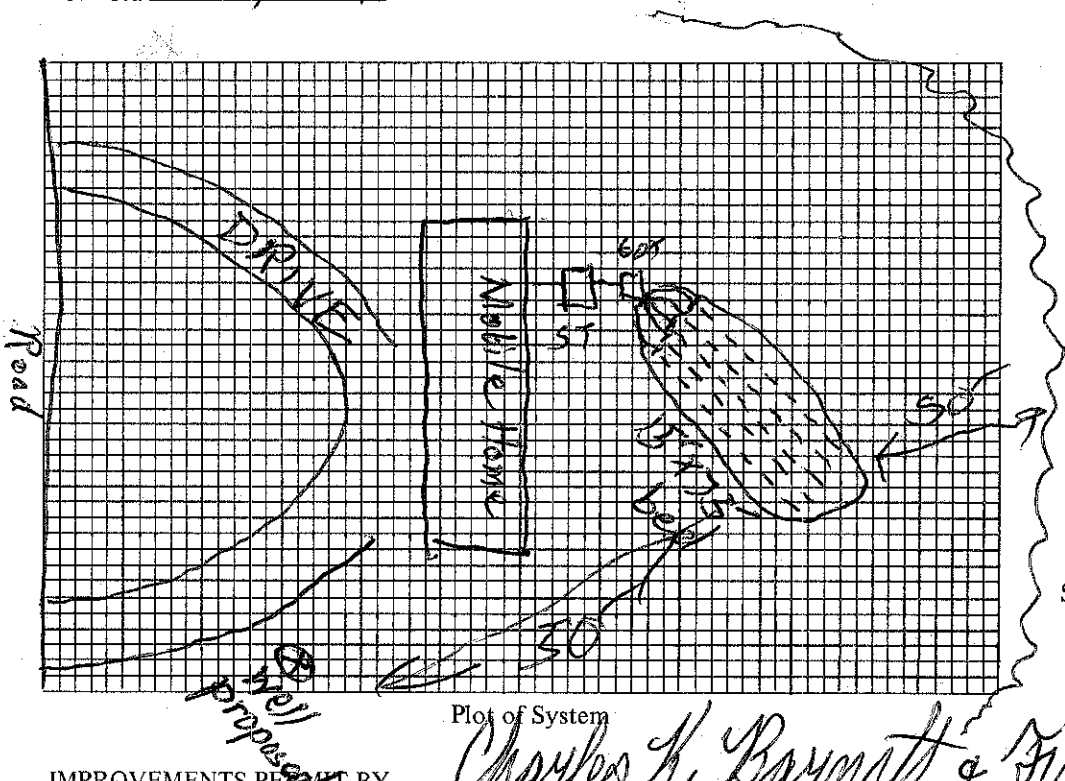
Character & Porosity of Soil clay loam

Percolation Rate .05 gal/ft²/day

Topography 2-6% slope

Depth to Water Table 4'

Rock or other impervious formations none observed



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5 12'x75'

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Taylor

Installed by _____

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

Signed: * Kenneth W. Hefner

IMPROVEMENTS PERMIT BY Charles K. Barnett & Fred Clemmer

COMMENTS: Keep system shallow

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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