4637 II 41 0900

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 Gerald Helms DATE 8-18-87 PERMIT NO.

PHONE: Business Home

LOCATION 1100 TR 1250 (Oak TREE) BEAR LEFT near end ~ 1/2 mile on Rt. Long Gray House S. R. No.

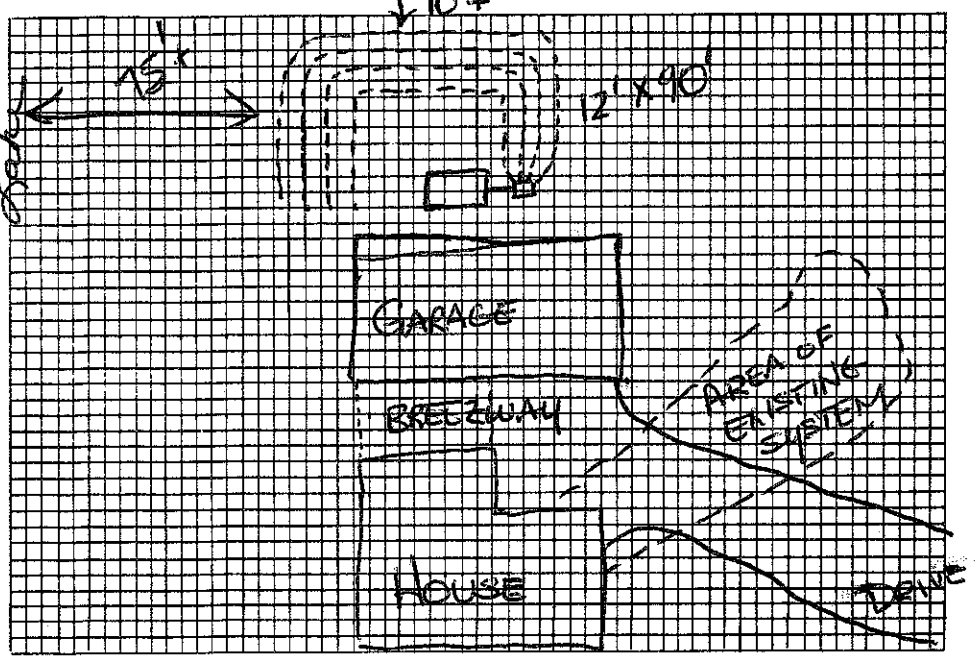
SUBDIVISION NAME CL&T Lake Norman LOT NO. 213 SECTION OR BLOCK NO. 9

House ✓ Mobile Home ( ) Business ( ) Other Garage Addn - Washer & Dryer & 1 Bathroom upstairs - Storage only

No. Bedrooms No. Bathrooms

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	~.2-3
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-4%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	3'+
			Rock or other impervious formations	none obs.

Lot Area



Plot of System N.T.S.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4 (12'x90' Bed)
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Dellinger Grading

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH owell (existing)

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrea C. Price DATE 8-18-87

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

04165

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 Gerald Helms DATE 7-31-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1250 (OAK TREE RD.) Bear left rear end ~½ mile on Rt. Long Gray House S. R. No. _____

SUBDIVISION NAME CLT CAKE NORMAN LOT NO. 213 SECTION OR BLOCK NO. 9

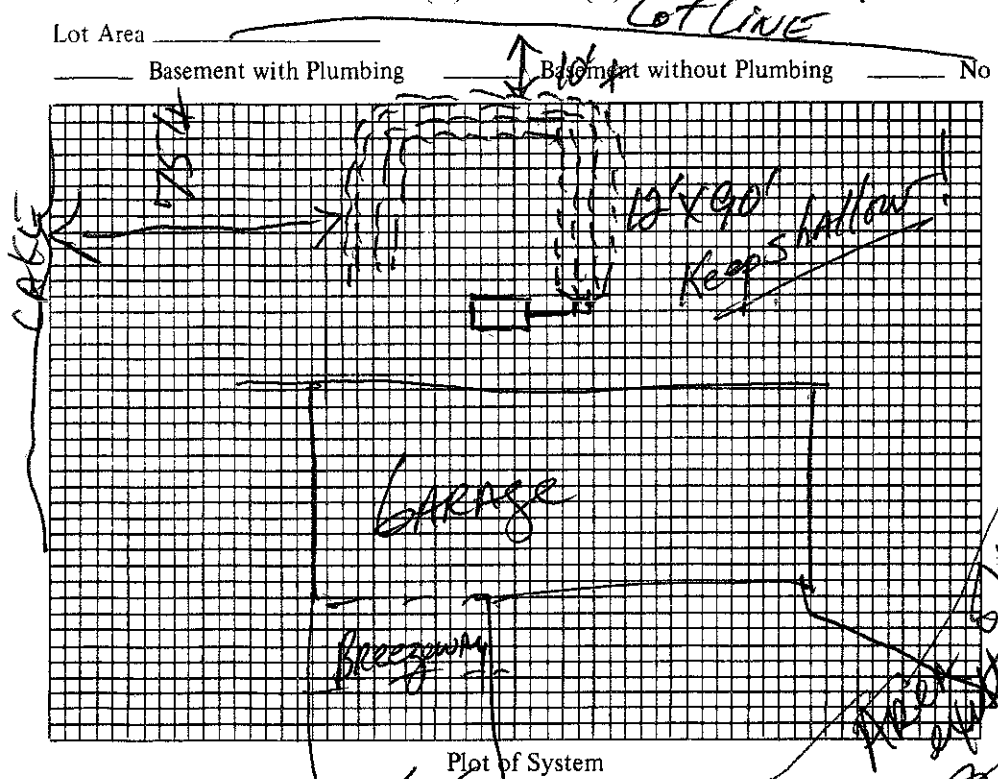
House (✓) Mobile Home ( ) Business ( ) Other Garage Addition - washer & dryer & 1 bathroom upstairs - Storage only

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	2+2=3
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-4%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	3+
			Rock or other impervious formations	none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4 (12'x90' Bed)
Sq. Ft. 1080 Linear Ft. 360
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: Gerald Helms

IMPROVEMENTS PERMIT BY R. Hanson RS

COMMENTS:
Keep bottom of drainfield ditch one foot above 760 contour
Provide adequate surface drainage around system

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 Gerald Helms DATE 2-18-86 PERMIT NO. 73

PHONE: Business _____ Home _____

LOCATION 1100 TR Oaktree Rd TL at the fork ½ on R long grey house in brown trim S. R. No. _____

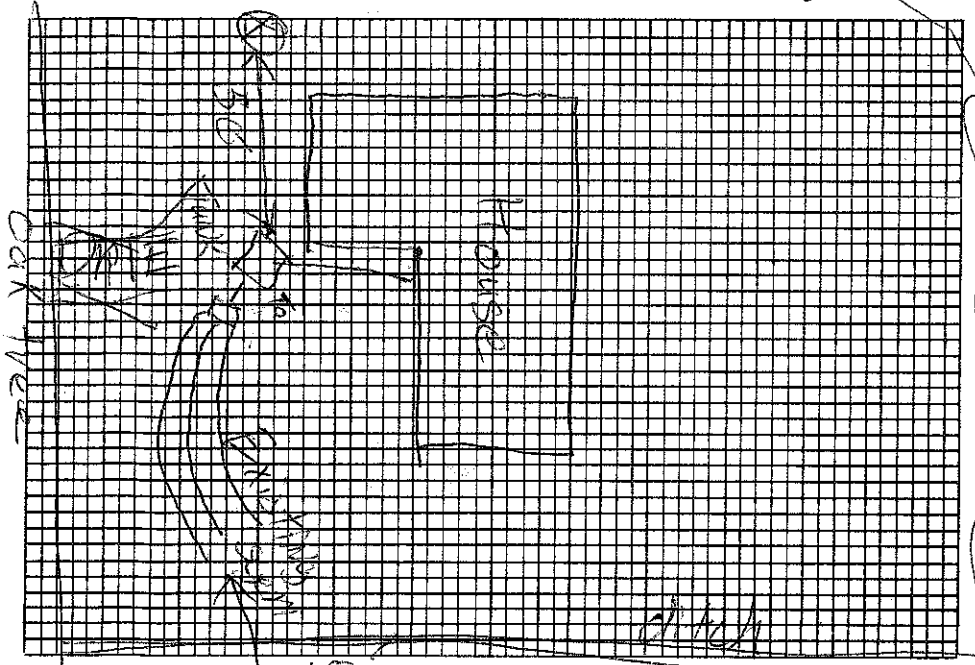
SUBDIVISION NAME L. N. LOT NO. 9 SECTION OR BLOCK NO. 213

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

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		Existing
Lot Area ~ 3/4 acre			Rock or other impervious formations		

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



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 _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: existing system working @ at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett DATE 2-18-86

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 Gerald Helms DATE 6-17-81 PERMIT NO. 182

PHONE: Business _____ Home _____

LOCATION 1100 R 1179 Bear Apt @ forks .7 mi. on Rt. S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 213 SECTION OR BLOCK NO. 9

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

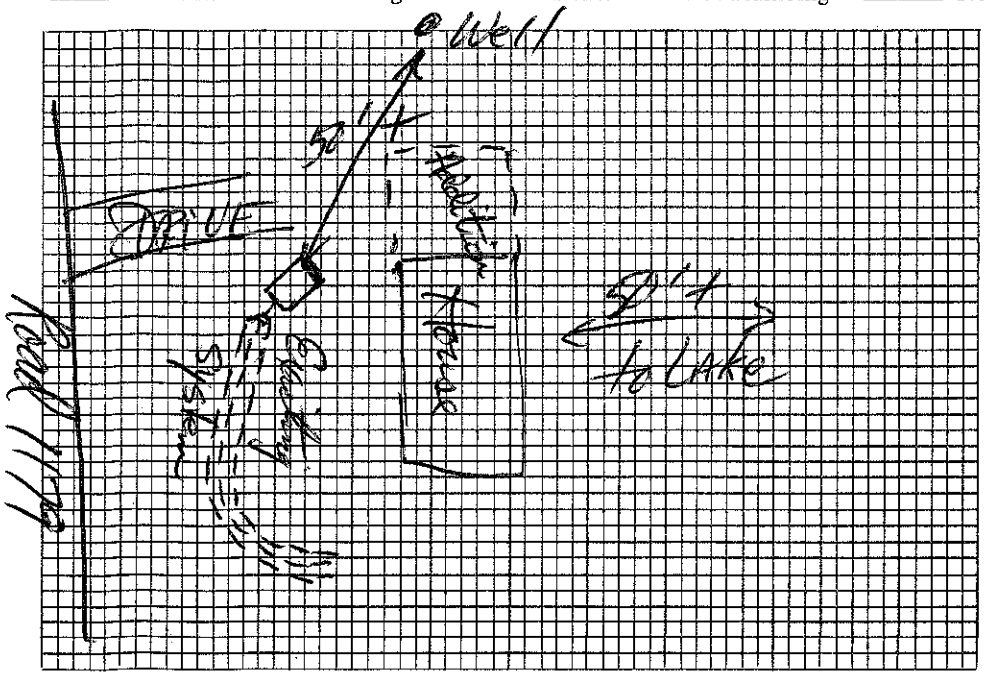
w/ Addition

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 R. Hinson DATE 6-17-81

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

1572

OWNER OR CONTRACTOR Gerald C Helms DATE 6-24-96 PERMIT NO. 1572

PHONE: Business _____ Home _____

LOCATION 1100 Eastview 1179 Have Left 1 mi. on Left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 213 SECTION OR BLOCK NO. 5

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

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 3 acre

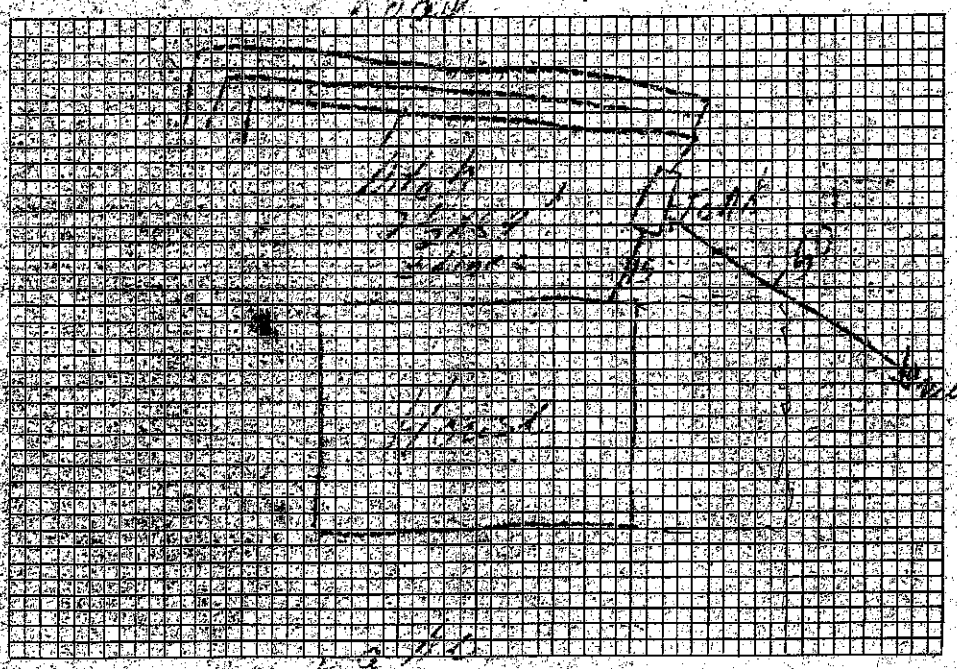
Character & Porosity of Soil Clay Loam Loam Fair

Percolation Rate 11 ft Fast

Topography Rolling

Depth to Water Table 5 Feet

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by Perkins Septic Tank

IMPROVEMENTS PERMIT BY Robin Howerton

COMMENTS: Water Comes in at Front Left

CERTIFICATE OF COMPLETION BY Robin Howerton DATE 6-24-96

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