11.00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 135954 PIN# 4637442246 DATE 6-9-06

OWNER OR APPLICANT Jerome & Karen Watson PHONE: Business Home 704-696-0469

ADDRESS 169 Montibello Dr Mooresville

LOCATION 150 w TL Doolie Rd TR Whippoorwill on left (207 Whippoorwill Rd)

SUBDIVISION CL+T BLOCK / SECTION 10 LOT 20 LOT AREA .743 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 10-6-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 28"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% reduction gravity
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees
☐ Other

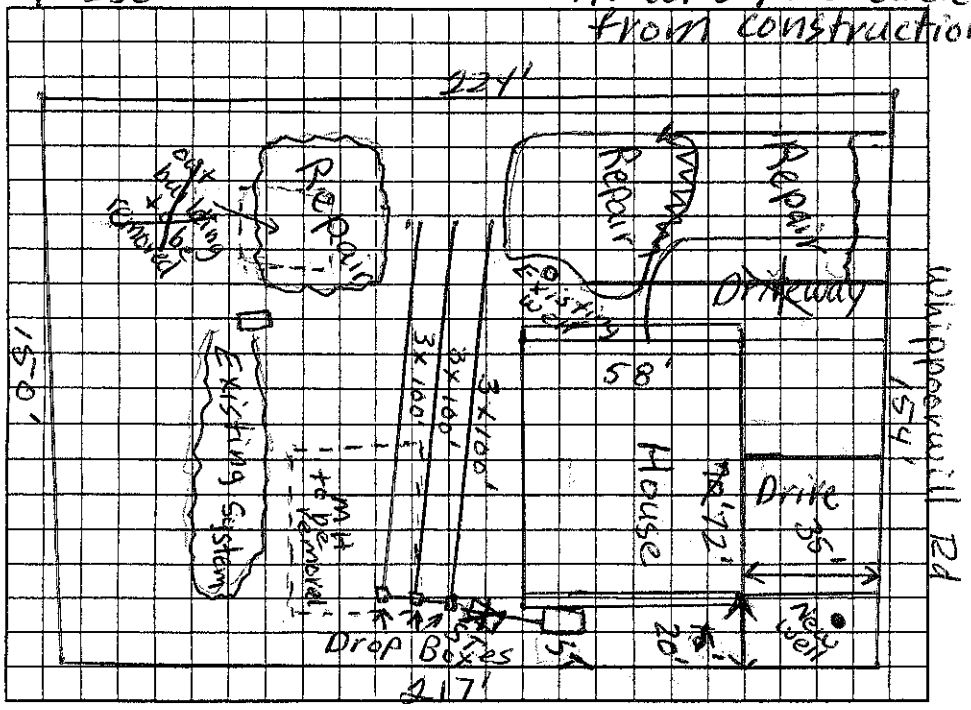
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Before AC issued: Properly abandon well. Remove fill and gravel from driveway areas. Remove existing structures; MH, out building, carport.

Comments:/Conditions: Properly abandon well w/ copy of approval sent to Health Dept. before OP issued

INITIAL SITE SKETCH Protect septic area from construction vehicles



AS BUILT SKETCH

- yellow poly lock after roof
- Water for house installed
* well abandonment paper attached to file

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☑ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Jerome J. & Karen Watson date 6/9/06 Installed by: A-1 Backhoe

Improvement Permit by: Judy Melville date 6-9-06 Operation Permit by: Josh E Allen date 4-24-07

Authorization to Construct by: Judy Melville date 8-8-06 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

4637442246

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 Jean Aughtry DATE 5-9-86 PERMIT NO. 267

PHONE: Business _____ Home _____

LOCATION 150 W TL on Doolie Rd TR on Whipperhill Rd ¼ mile on left see sign (Kenwood) S. R. No. _____

SUBDIVISION NAME Lake Normen LOT NO. 20 SECTION OR BLOCK NO. 10

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

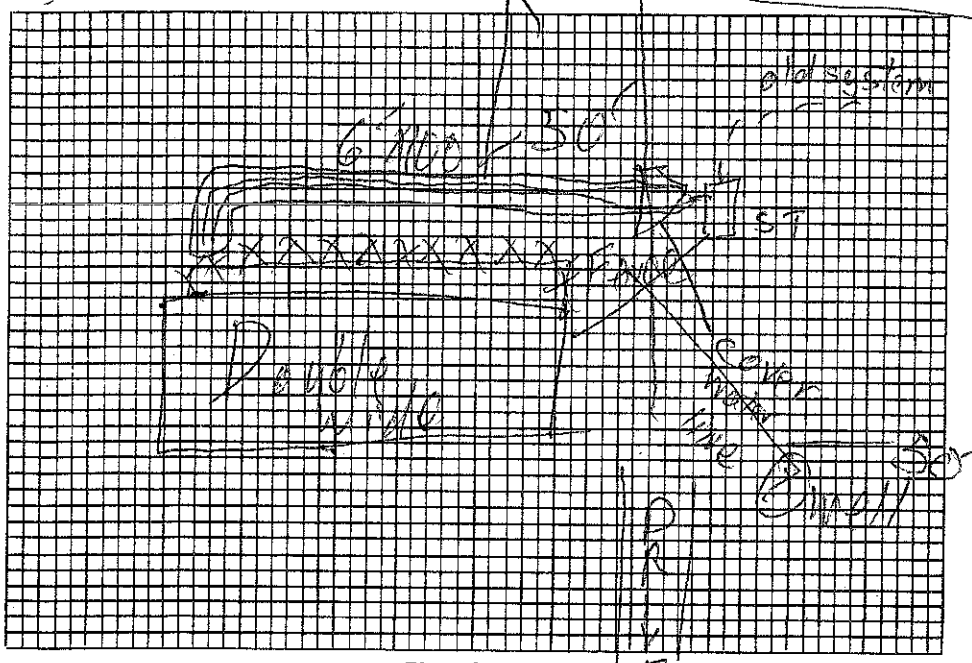
No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil Clay
Percolation Rate 4 gal/ft²/day
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations None

Lot Area Lake

~~Basement with Plumbing~~ ~~Basement without Plumbing~~ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
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 J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 5-9-86

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

4,00

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 Jean Aughtry DATE 4-16-86 PERMIT NO. 171

PHONE: Business _____ Home _____

LOCATION 150 west TL on Doolie Rd TR on Whipperwill Rd 1/4mi on left See sign ~~Kenwood~~ Kenwood S. R. No. _____

SUBDIVISION NAME & Jake Norman LOT NO. 20 SECTION OR BLOCK NO. 10

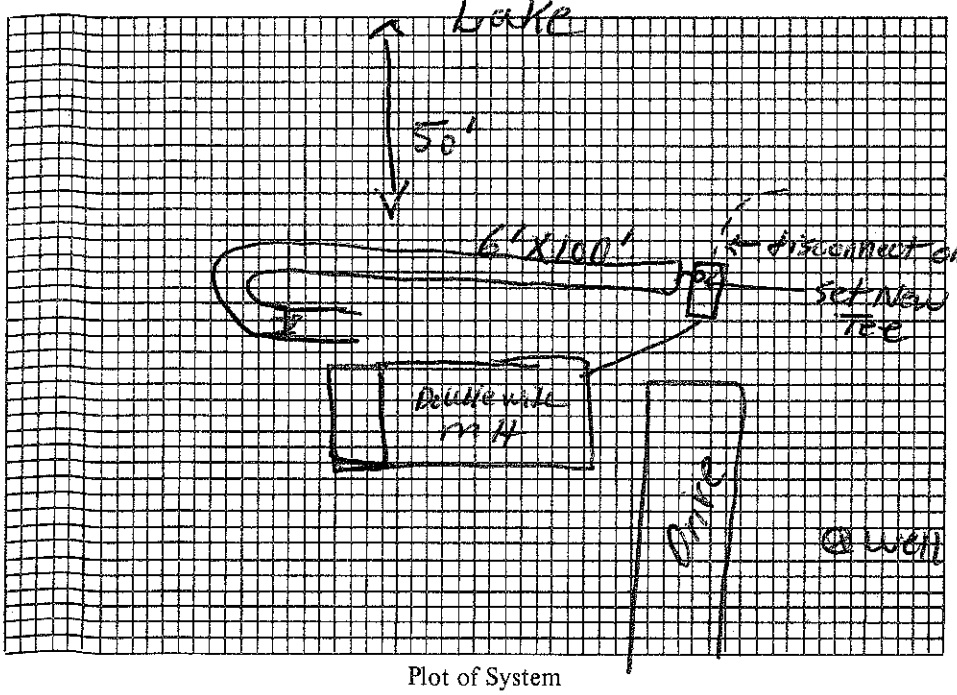
House ( ) Mobile Home (✓) Business ( ) Other Repair

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 Clayey
Percolation Rate 24
Topography 2+0 6+0
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
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: X Delores Beaty

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: _____

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 Jean Aughtry DATE 4-2-85 PERMIT NO. 116

PHONE: Business _____ Home _____

LOCATION 150 W TL on Deolie Rd TR Whipperwill go 3/4 mile on left TR Kenwood sign between two cedar trees S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 10 SECTION OR BLOCK NO. 20

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

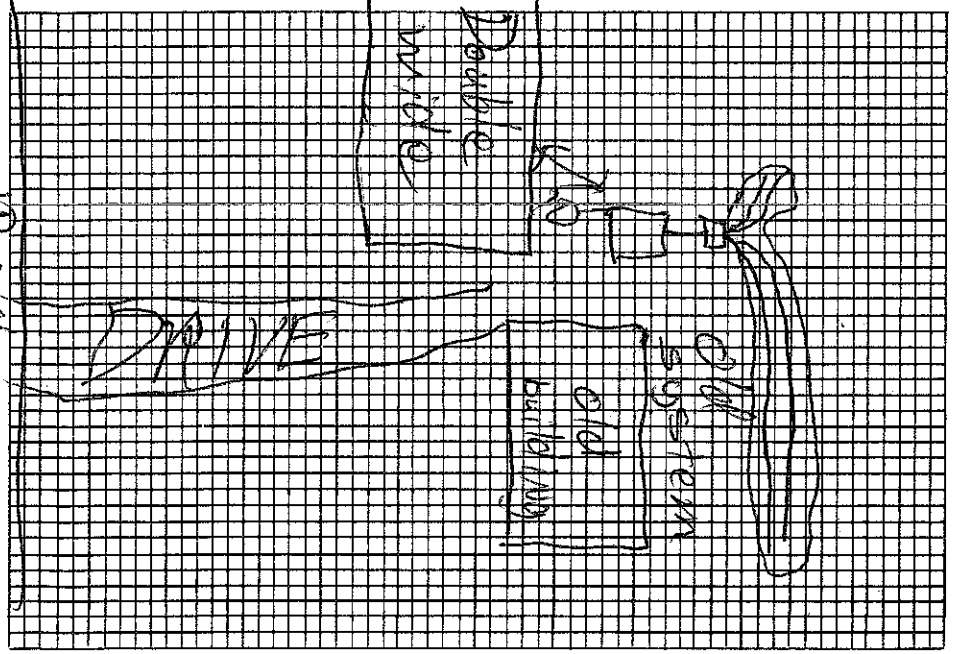
No. Bedrooms 3 No. Bathrooms 2

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

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft 150
Depth of Stone in Lines 24"
Water Supply: Individual ( )
Public ( ) N/A

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 date of inspection & disconnect old build from tank or old system

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles L. Barnett DATE 4-2-85

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 Carl Kary DATE Oct 20, 1981 PERMIT NO. 329

PHONE: Business _____ Home _____

LOCATION 150 W. TC 1211 Bear left 1219 ½ Mile on Rt.

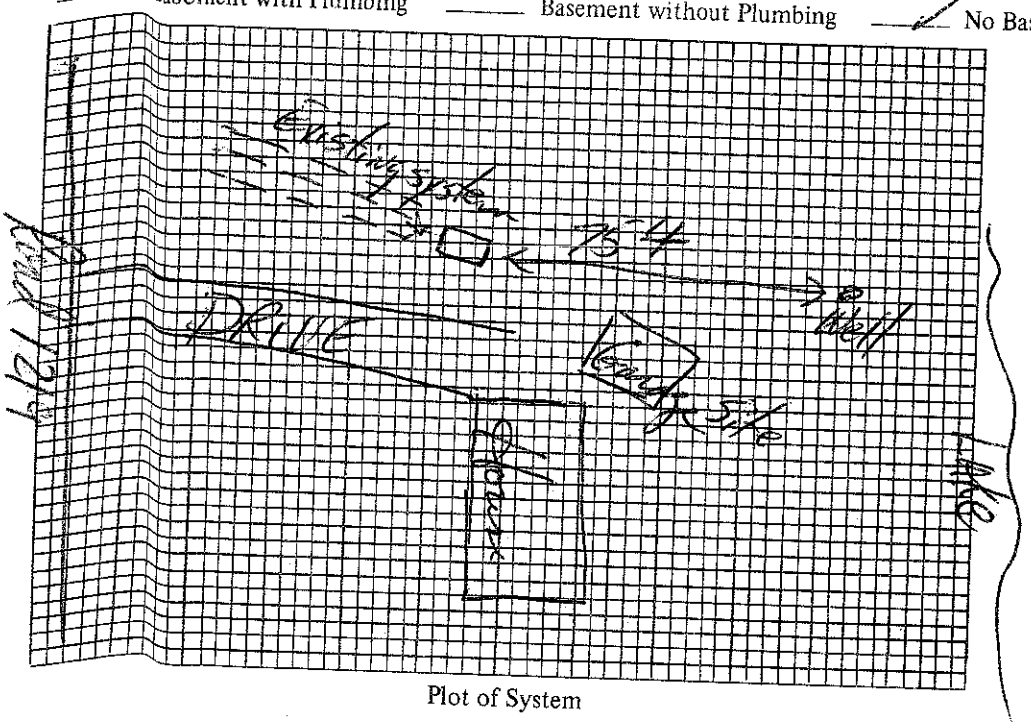
SUBDIVISION NAME Lake Norman LOT NO. 152 S. R. No. _____ SECTION OR BLOCK NO. 10

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

No. Bedrooms 2 No. Bathrooms 1

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 20000 ft² +			Rock or other impervious formations _____

_____ 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 Thomson DATE 10-20-81

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