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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 A. Deal DATE 2-9-04 PERMIT NO. 344

PHONE: Business 237-7311 Home 550-7020

LOCATION 150 feet SE on 1120 mail route
on 1821 Hwy 90 left
S. R. No.

SUBDIVISION NAME Lake Norman LOT NO. 14 SECTION OR BLOCK NO. 10

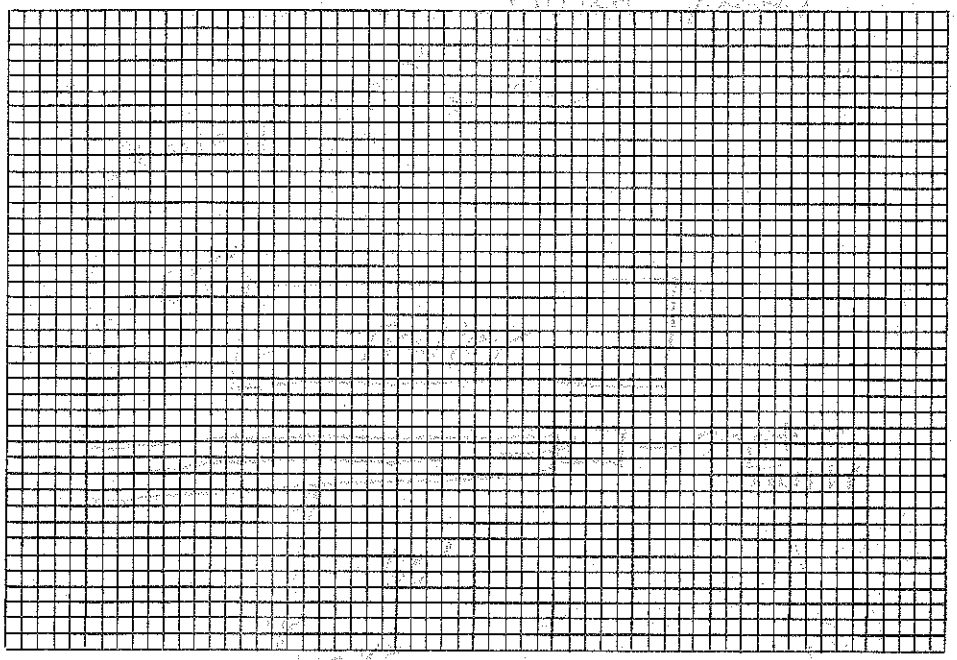
House ( ) Mobile Home (x) Business ( ) Other

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (x)	Character & Porosity of Soil	Clayloam	Porosity Fair to good
Auto. Dishwasher	Yes ( )	No (x)	Percolation Rate	30 min/in	
Auto. Wash. Machine	Yes ( )	No (x)	Topography	Slope	
Site Suitable	Yes (x)	No ( )	Depth to Water Table	10ft	
			Rock or other impervious formations	None	

Lot Area 200 x 200 ft

Road



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 225 Linear Ft. 225
Depth of Stone in Lines 12"

Water Supply: Individual (x)
Public ( )

Installed by E&C Contracting

Bed Dimensions 7½ x 75'
based on ft² figures
@ 2½ wide ditch - Deep

IMPROVEMENTS PERMIT BY T.R. Smith

COMMENTS:

CERTIFICATE OF COMPLETION BY [signature] DATE 2-10-04

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 Kenneth W. Deal DATE 3-7-74 PERMIT NO. 34

PHONE: Business 933-9341 Home 857-7090

LOCATION 150 west TL on 1180 next right on 1221 ¼ mi on left S. R. No.

SUBDIVISION NAME Lake Norman LOT NO. 14 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 ( )

Site Suitable Yes (✓) No (–)

Lot Area 200 X 300

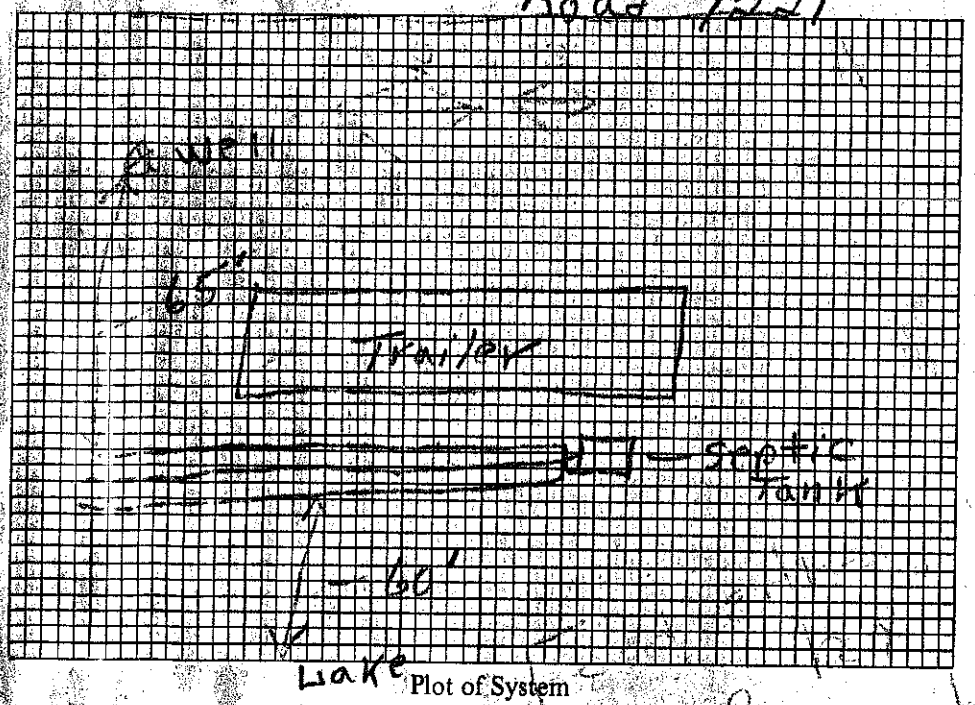
Character & Porosity of Soil Clayloam Porosity Fair to good

Percolation Rate Not taken

Topography 3% - 5% slope

Depth to Water Table 10ft

Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 562½ Linear Ft. 225

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by C+C Construction Co.

Bed Dimensions 7½ x 75' based on 1½ square ft 2½ wide ditch - Dent

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY J.C. Moore DATE 3-17-74

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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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 Stephen Wise DATE March 4, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 5 D W TR 1180 (Cedric Rd.) TR 1221 (Whippoorwill) ~¼ mile on left S. R. No. _____

SUBDIVISION NAME CL&T Lake Norman LOT NO. 14 SECTION OR BLOCK NO. 10

Dale Co.

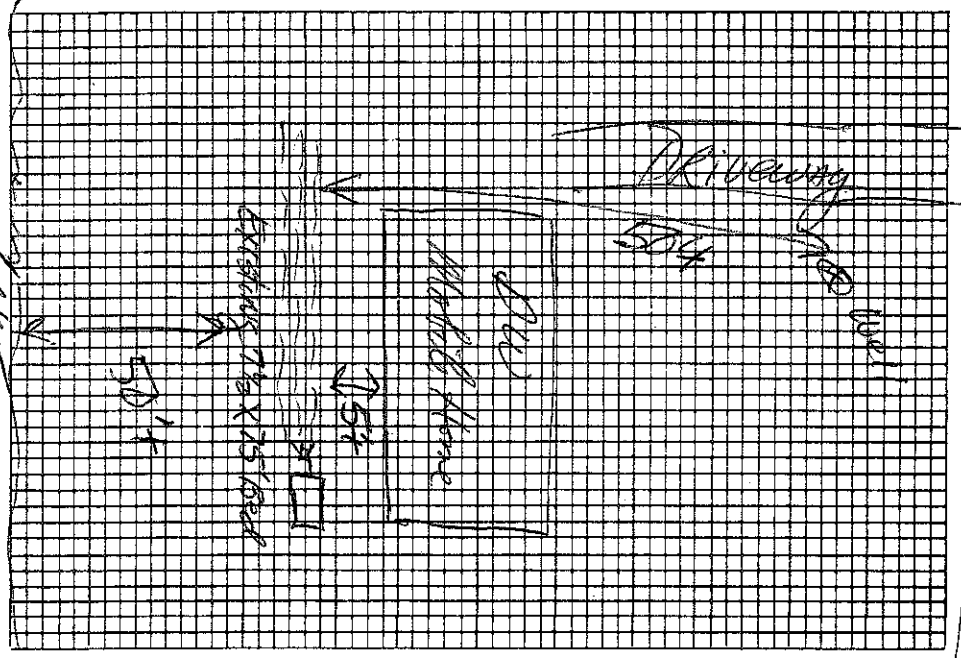
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (1)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (1)	No ( )	Topography	
Site ~~Suitable~~ OK	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Existing

_____ 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 showing no sign of malfunction. System approved for 2 bedroom structure maximum. Original permit in name of Kenneth Deal (1974)

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D R Henson, RS DATE 3-1-89

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. Doal DATE 10-10-03 PERMIT NO. _____

PHONE: Business 883-9341 Home 857-7090

LOCATION 150 West TL on 1180 next right on 1221 ½ mi on left S. R. No. _____

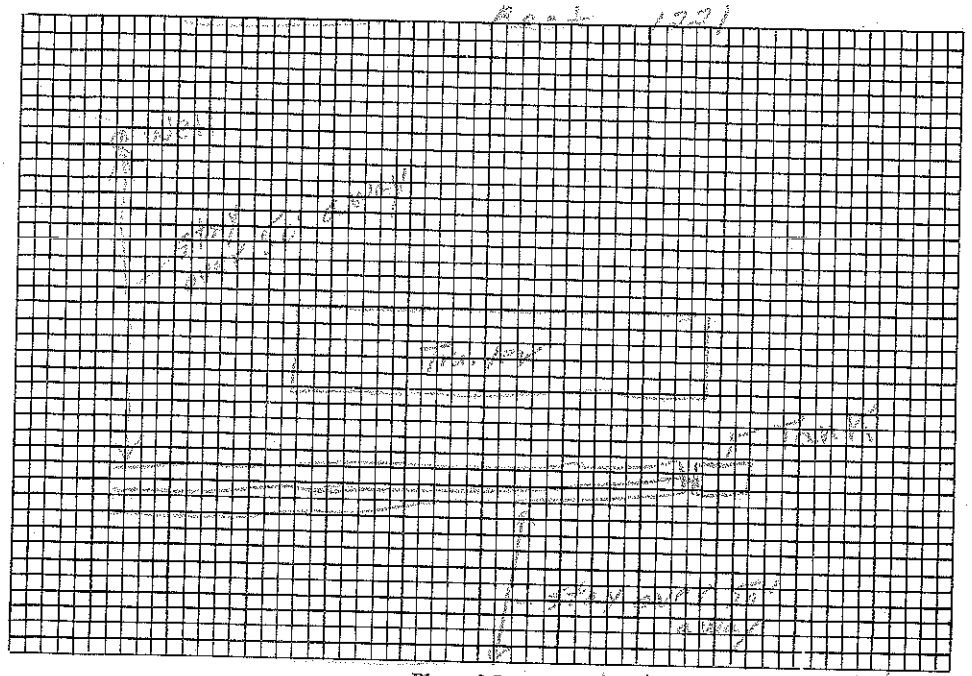
SUBDIVISION NAME Duke Power LOT NO. 14 SECTION OR BLOCK NO. 10

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay loam	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	not tested	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	hill slope to lake	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	20'	
			Rock or other impervious formations	none	

Lot Area 200 x 300'



Plot of System Lake Not drawn to scale

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 562.5 Linear Ft. 225
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY [signature]

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