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 Interstate Equipment Co DATE 6-20-79 PERMIT NO. 211

PHONE: Business _____ Home _____

LOCATION 1303 N TL on 1300 near end on left

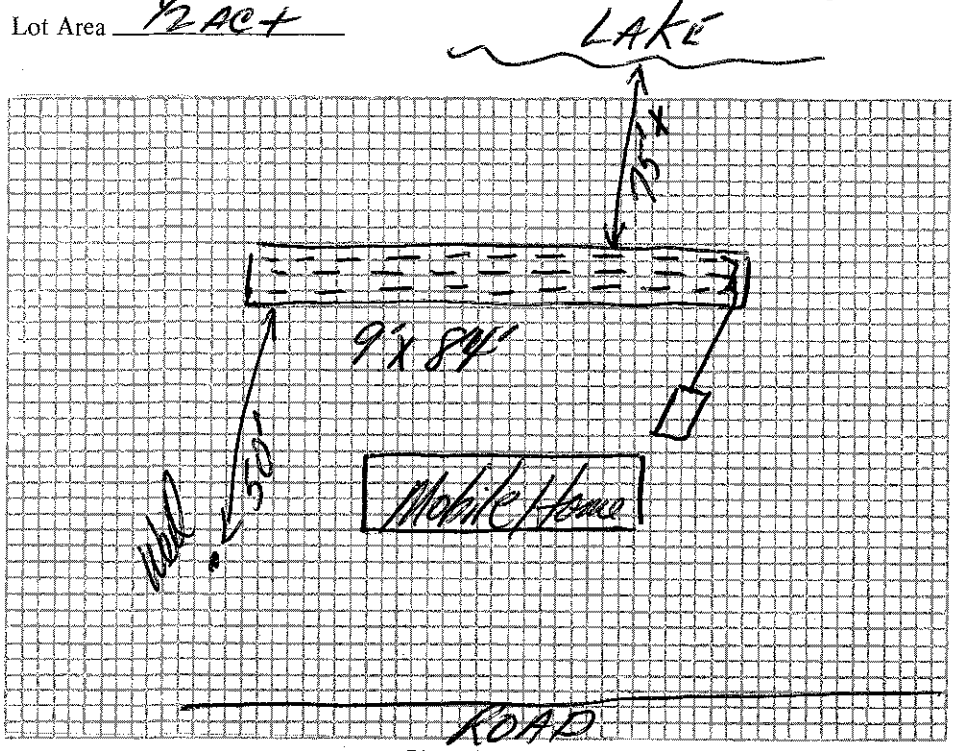
S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 86 SECTION OR BLOCK NO. 15

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

No. Bedrooms — No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No (✓)
Site Suitable Yes (✓) No ( )
Lot Area ½ AC+

Character & Porosity of Soil Clay loam
Percolation Rate 50 min.
Topography 15% to
Depth to Water Table unk.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16" +
Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY David R. Henson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Henson DATE 6-20-79

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

4:30

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 Interstate Equipment Co. DATE 6-14-79 PERMIT NO. 186

PHONE: Business _____ Home _____

LOCATION 1303 N TL on 1300 near end on left

_____ S. R. No. _____

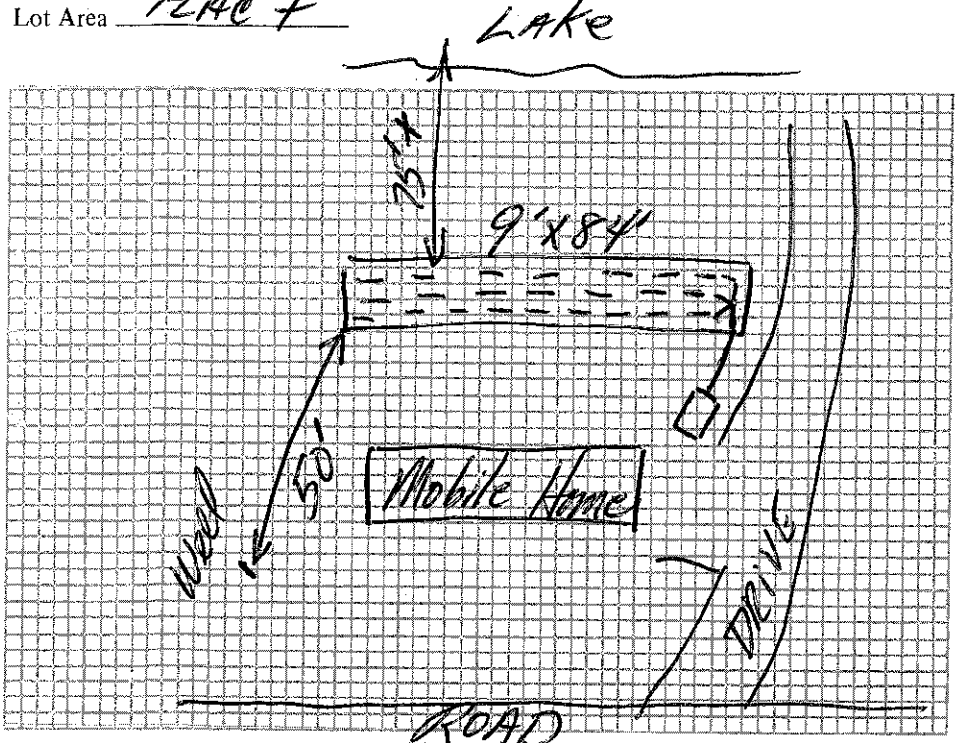
SUBDIVISION NAME Lake Norman LOT NO. 86 SECTION OR BLOCK NO. 15

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 ½AC +

Character & Porosity of Soil clay loam
Percolation Rate 10-15 To
Topography Slope.
Depth to Water Table sink.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"+
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY David R. Henson

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