4638-32-3967

14162

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Dennis Dasher DATE 10/27/92 PERMIT NO. 2P-13-A-11

PHONE: Business _____ Home 896-7674

LOCATION Normandy Rd; Perth Rd. N, TL on Normandy on ② before cul de sac

S.R. No. _____

SUBDIVISION NAME Normandy Hill LOT NO. 11 SECTION OR BLOCK NO. _____

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 ☐

Lot Area 20,000 FT²

Soil Characteristics P - cl/c

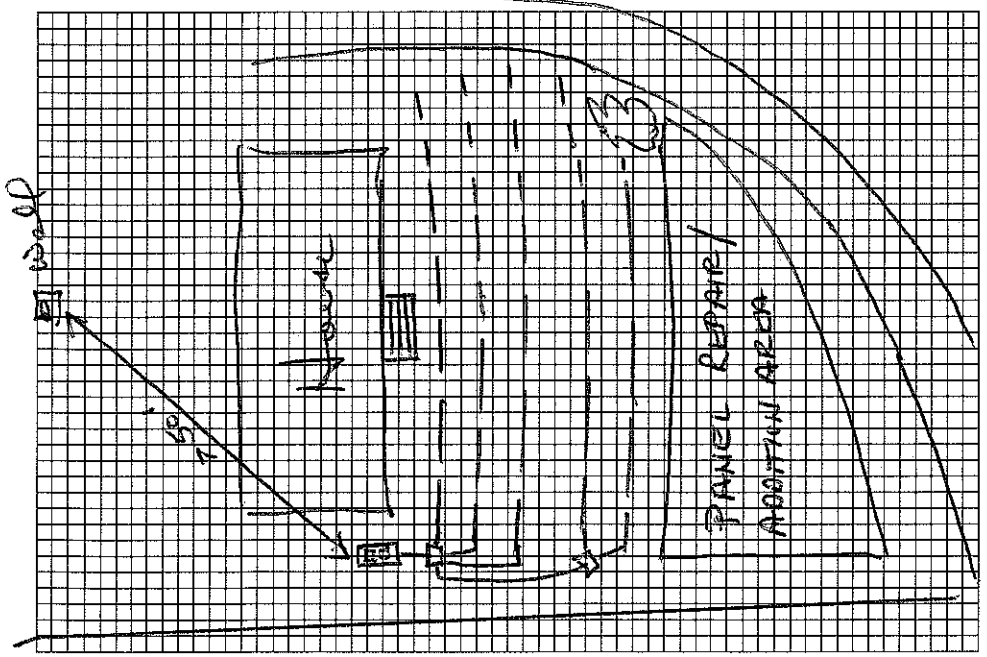
Application Rate P - .3 (Ap, wk)

Topography P - 3%

Depth to Water Table 5 3/4"

Rock or other impervious formations 5 - None observed

_____ Basement with Plumbing _____ ~~Basement without Plumbing~~ _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5 @ 80' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by RL MacLeod Const.

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 10/27/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

14162

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Dennis Daube DATE 3/18/92 PERMIT NO. 2P-13-A-11

PHONE: Business ______ Home 896-7674

LOCATION Norwandy Hill - off Norwandy Rd, on (R) before cul de sac

S.R. No. ______

SUBDIVISION NAME Norwandy Hill LOT NO. 11 SECTION OR BLOCK NO. ______

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 ☐

Lot Area 20,000 FT²

Soil Characteristics P - cl/c (ss-sf)

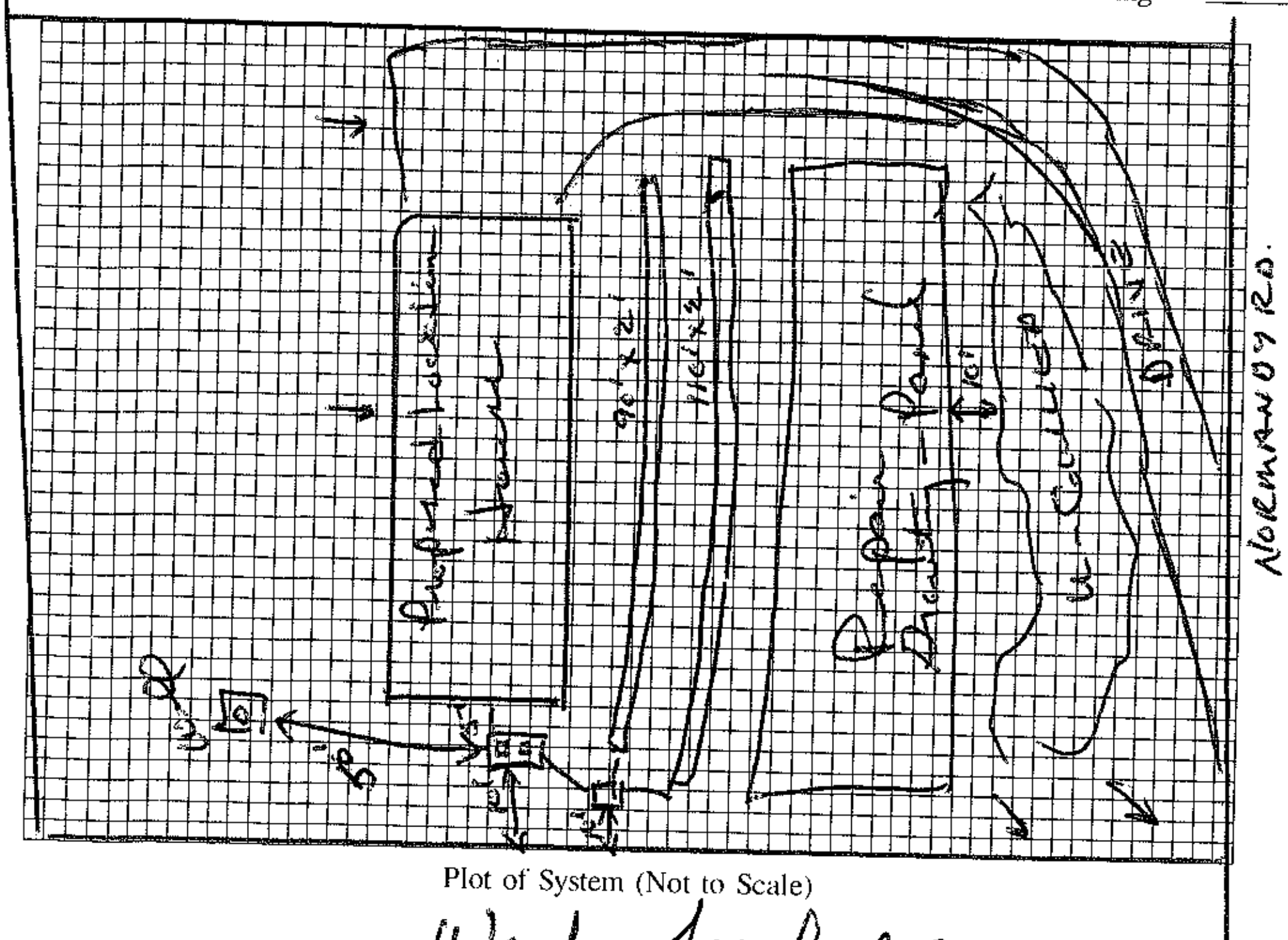
Application Rate .3

Topography 2-3%

Depth to Water Table > 48"

Rock or other impervious formations None observed

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2 @ 100' x 2'

Sq. Ft. —— Linear Ft. 200 *

Depth of Stone in Lines 6" SAND UNDER

Water Supply: Individual ☑

Public ☐

* 16" Prefabricated Permeable Panel

Installed by ______

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

Signed: Dennis M. Daube

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Trenches on slope contour as shown - must end before driveway area. Repair space must be maintained above the gully area at front of lot.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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