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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 Paul R. Kearns DATE Oct. 10, '90 PERMIT NO. 2P-4A-94

PHONE: Business _____ Home _____

LOCATION 150 W. TR 1303 (Perth Rd.) TR 1428 (Normandy Rd.) ~1 mile on Right S. R. No. _____

SUBDIVISION NAME CL&T LAKE NORMAN LOT NO. 94 SECTION OR BLOCK NO. 11

House (✓) Mobile Home ( ) Business ( ) Other (replacing ex. house with new house, well and septic system)

No. Bedrooms 3 No. Bathrooms 3

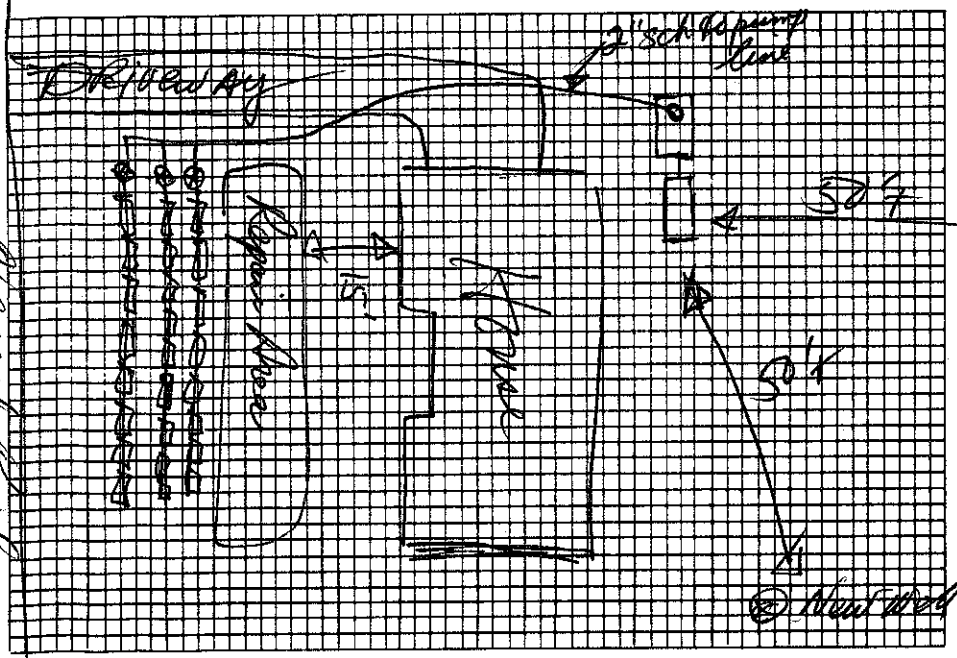
Garbage Disposal Unit	Yes	(✓)	No	( )	
Auto. Dishwasher	Yes	(✓)	No	( )	
Auto. Wash. Machine	Yes	(✓)	No	( )	
Site ~~Suitable~~ PS	Yes	(✓)	No	( )	

Character & Porosity of Soil tight ps clay
Percolation Rate ~.30
Topography ~10%
Depth to Water Table 6'+
Rock or other impervious formations none obs.

Lot Area Ex. (~3/4Ac)

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

[redacted] (1500) p.t.



Plot of System

Size of Tank 1250 [redacted] Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200' ea
Depth of Stone in Lines 16" & 8"
Water Supply: Individual (✓) T&T panels pressure dosed
Public ( )

Installed by James Hudler

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

LAKE

Signed: _____

Recommended for

IMPROVEMENTS PERMIT BY _____

COMMENTS: Old well abandoned on Oct 9, '90; System installed prior to this in ~~August~~ September, '90.

Operation permit

CERTIFICATE OF COMPLETION BY David R. Henson, EHS DATE 10-10-90

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

→ James Hodler
3:30-4:00

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

OWNER OR CONTRACTOR Paul R. Kearns DATE June 12, '90 PERMIT NO. 2P4A-94

PHONE: Business _____ Home _____

LOCATION 150 W. TR 1323 (Porth Rd.) TL 1428 (Normandy Rd.) ~ 1 mile on Right S. R. No. _____

SUBDIVISION NAME CLAT LAKE NORMAN LOT NO. 94 SECTION OR BLOCK NO. 11

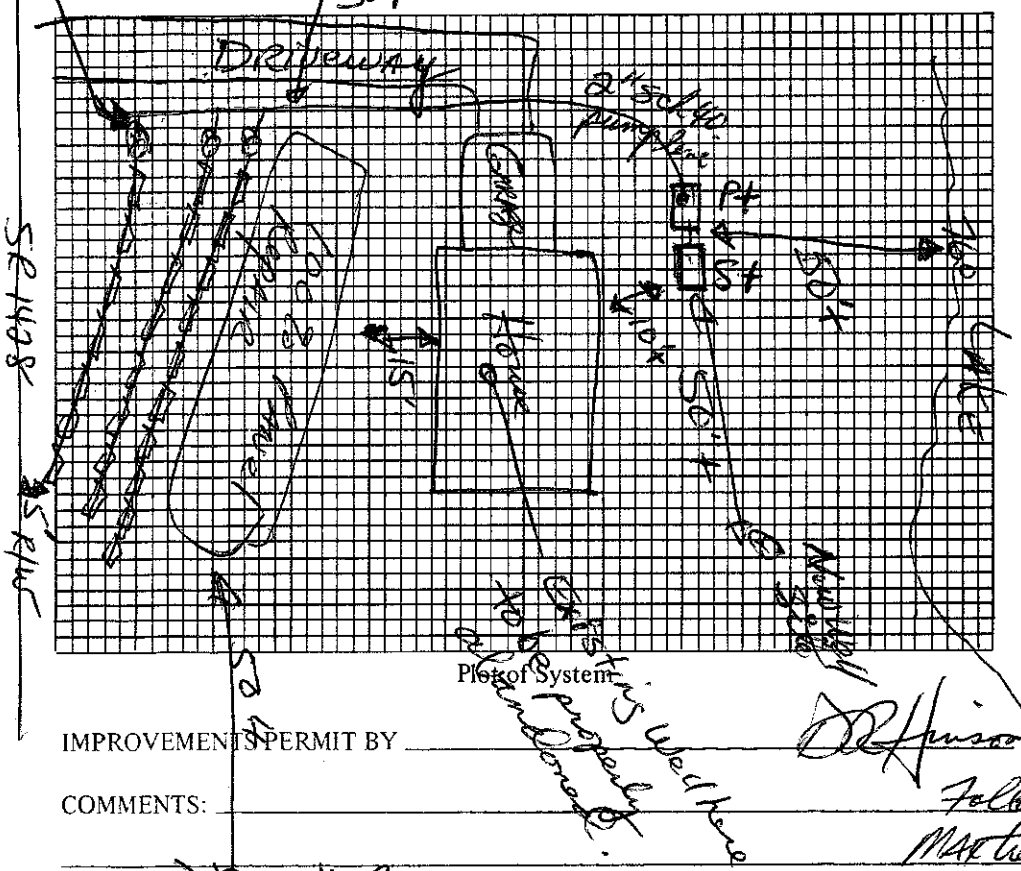
House (✓) Mobile Home ( ) Business ( ) Other (replacing ex house w/ new structure)

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )
Lot Area Ex. (.34Ac) ✓

Character & Porosity of Soil PS clay (tight)
Percolation Rate ~ 3
Topography ~10%
Depth to Water Table 6'+
Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ ~~Basement without Plumbing~~ ____ No Basement



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200'±
Depth of Stone in Lines 16" ± 2"

Water Supply: Individual (✓) Public ( )
panels pressure dosed

Installed by _____

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

Signed: ~~X~~ [signature]

* Pump specs: 19 gal per min At Approx 25' TDH

IMPROVEMENTS PERMIT BY [signature] / EHS

COMMENTS: Follow contour w/ new trenches. Max trench bottom depth of 32".
* Pumpline at least 30" deep under driveway or sleeved in ductile iron. 46 panels total; ONE 5/32" hole/panel; 2' pressure head

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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