463B431163

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 Sammy L. Myers DATE 4-22-75 PERMIT NO. 78

PHONE: Business _____ Home 733-6098

LOCATION 150 W TR on 1303 TL on 1420 at end on Right S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 83 SECTION OR BLOCK NO. 11

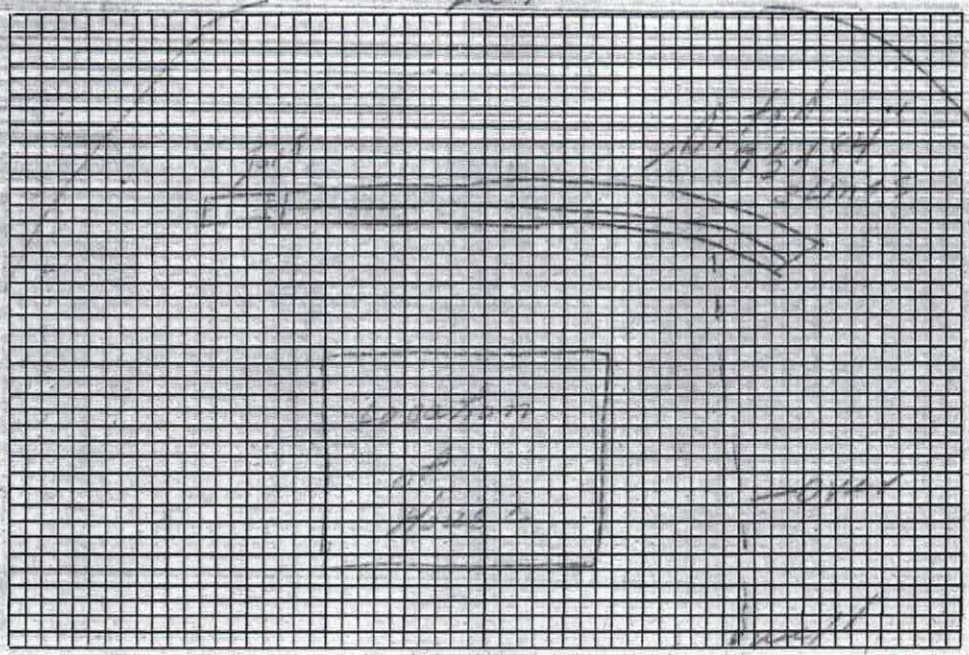
Site Address: 114 McNaron Ln - Mrsvl.

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

No. Bedrooms	3	No. Bathrooms	1½	Character & Porosity of Soil	Clay Loam Porous Fair
Garbage Disposal Unit	Yes ( )	No	(✓)	Percolation Rate	45 min/in
Auto. Dishwasher	Yes ( )	No	(✓)	Topography	25% Slope
Auto. Wash. Machine	Yes (✓)	No	( )	Depth to Water Table	10' ±
Site Suitable	Yes (✓)	No	( )	Rock or other impervious formations	None

Lot Area ½ ± Acre

Lake



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 425 Linear Ft. 250
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Sam Petruff

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 4-22-75

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 Sammy L. Myers DATE 1-24-79 PERMIT NO. 13

PHONE: Business _____ Home 873-1078

LOCATION 150 ft. E. Rt. 1203 Exon 1428 on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 3 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area _____

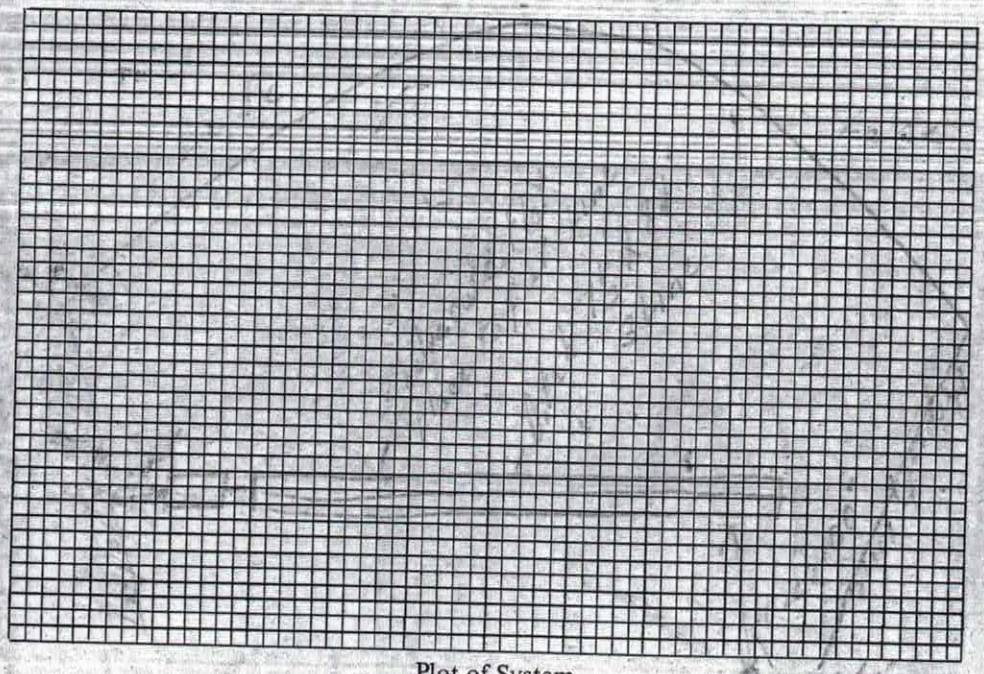
Character & Porosity of Soil Clay Loam top soil

Percolation Rate 45 minutes

Topography 25% slope

Depth to Water Table 10' - 6ft.

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Flat lot, 2 place on lower end of lot

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: Gol