4638436230

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 Thomas McCurdy DATE 2-26-79 PERMIT NO. 43

PHONE: Business _____ Home _____

LOCATION 150W TRon 1303 TL on 1428 2mi on right S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 121 SECTION OR BLOCK NO. 4

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

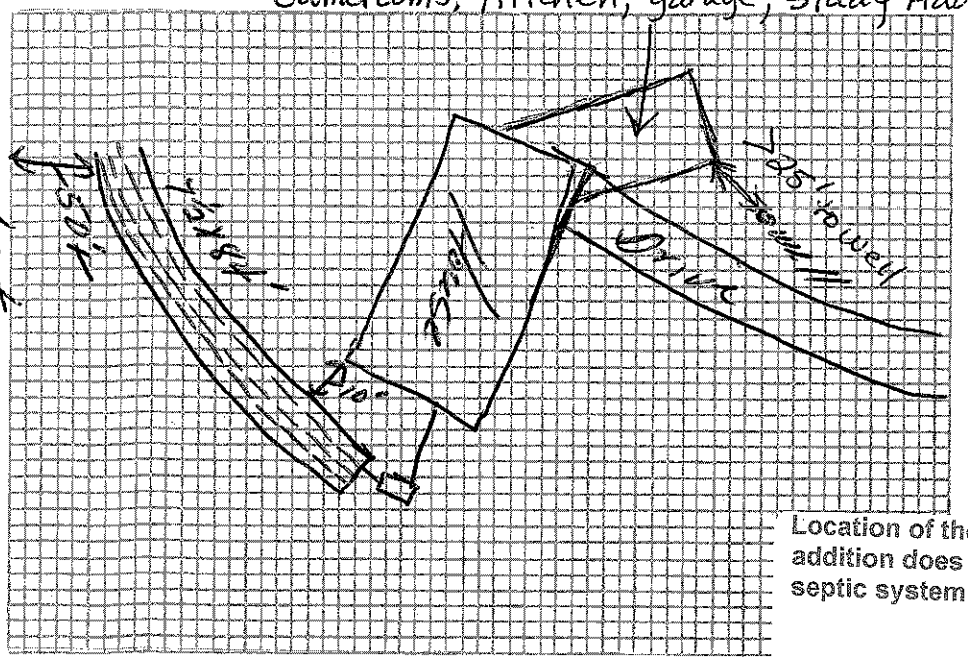
No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area 2 acre

Character & Porosity of Soil Existing System
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Camerooms, Kitchen, garage, study Addition



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Arnault

Location of the proposed Kitchen, garage, study addition does not appear to impact the existing on-site septic system.**NOTE: No full bathrooms

Judy Melville REHS
Date: 6-7-11
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Working O.K. at Time of This Inspection and O.K. for Size house being built. If more house closer to Lake will hope to put in new System

CERTIFICATE OF COMPLETION BY John Houston DATE 2-26-79

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

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 James C. Johnson DATE 2-12-14 PERMIT NO. 41

PHONE: Business _____ Home 528-5176

LOCATION 1203 Turn on 1428 1/2 mi on right S. R. No. 1428

SUBDIVISION NAME Lake Norman LOT NO. 121 SECTION OR BLOCK NO. 11

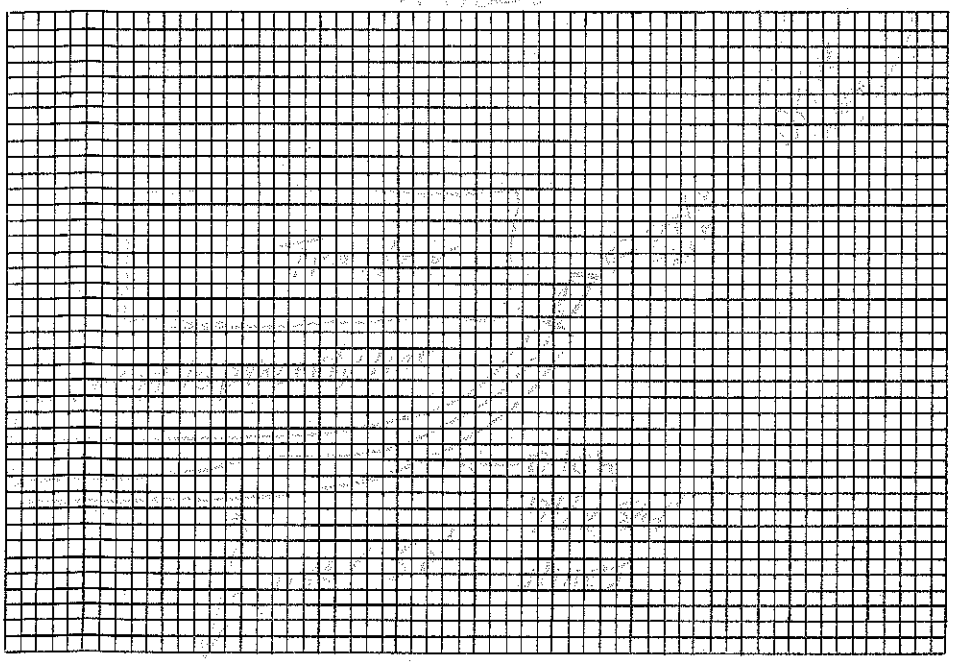
House ( ) Mobile Home (✓) Business ( ) Other _____

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 3/4 acre

Character & Porosity of Soil Fine Sandy loam (Porosity good)
Percolation Rate Not tested
Topography Gentle Slope lot
Depth to Water Table _____
Rock or other impervious formations None



Large Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 350
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Smith

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Trailer to be located on lot then House to be built later. System is large enough to cover 3 bedroom 2 bath House with a dishwasher and a washing machine

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 2-12-14

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

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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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

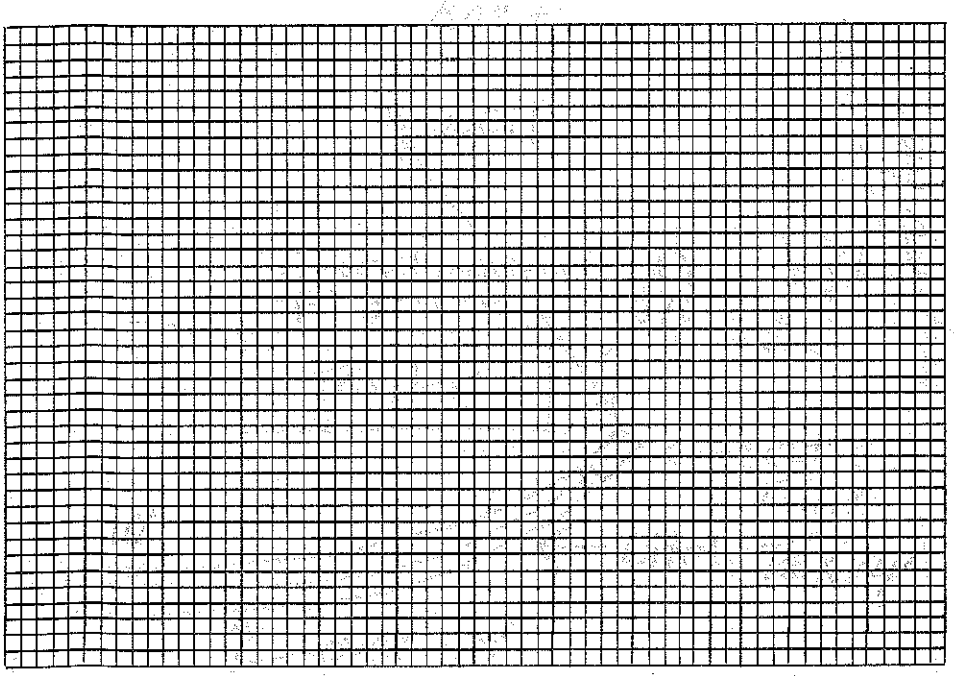
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank _____ 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: _____

_____

_____

_____

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