4638768226

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 Lynne Laughlin DATE 2-8-96 PERMIT NO. 74

PHONE: Business _____ Home _____

LOCATION 50W TP 1303 (Perth Rd) TL on De Young (1458) go ~.2 mile lot on left (6th)

SUBDIVISION NAME Lake Norman LOT NO. 31 SECTION OR BLOCK NO. 4 S. R. No. _____

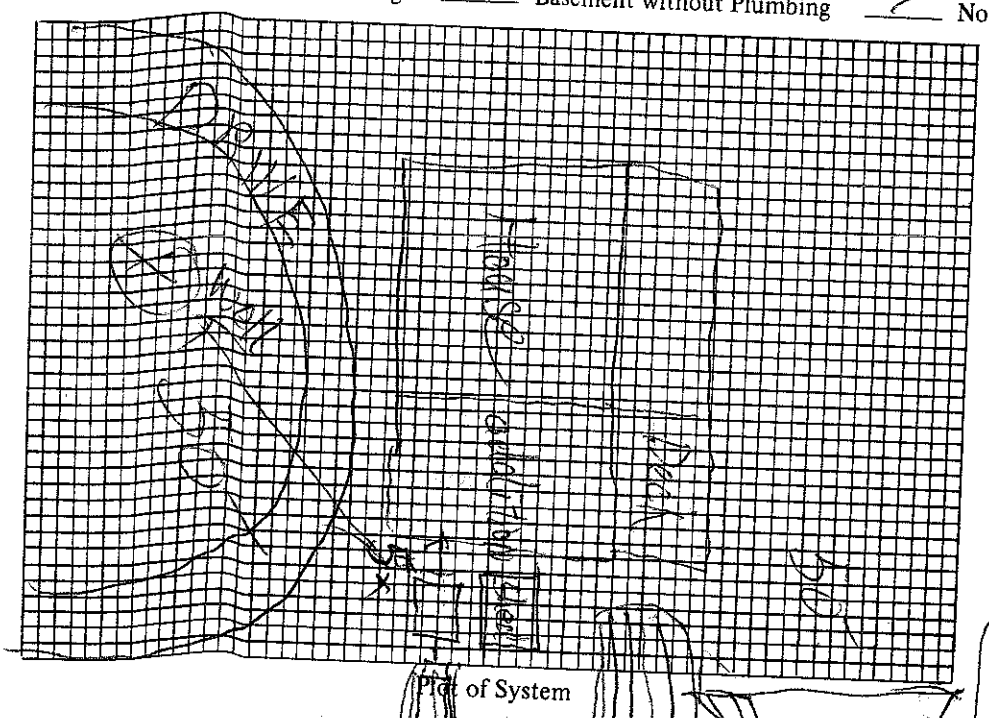
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	E
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	E, 3 ft, NG
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: existing system working OK at date of inspection house OK for 3 bedrooms and no more

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K Barnett DATE 2-18-96

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

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 Roy Hoyle DATE 4-13-83 PERMIT NO. 92

PHONE: Business _____ Home _____

LOCATION SOUTH TR 1303 X LAKE TL 1452 ~0.2 mile on left

S. R. No. _____

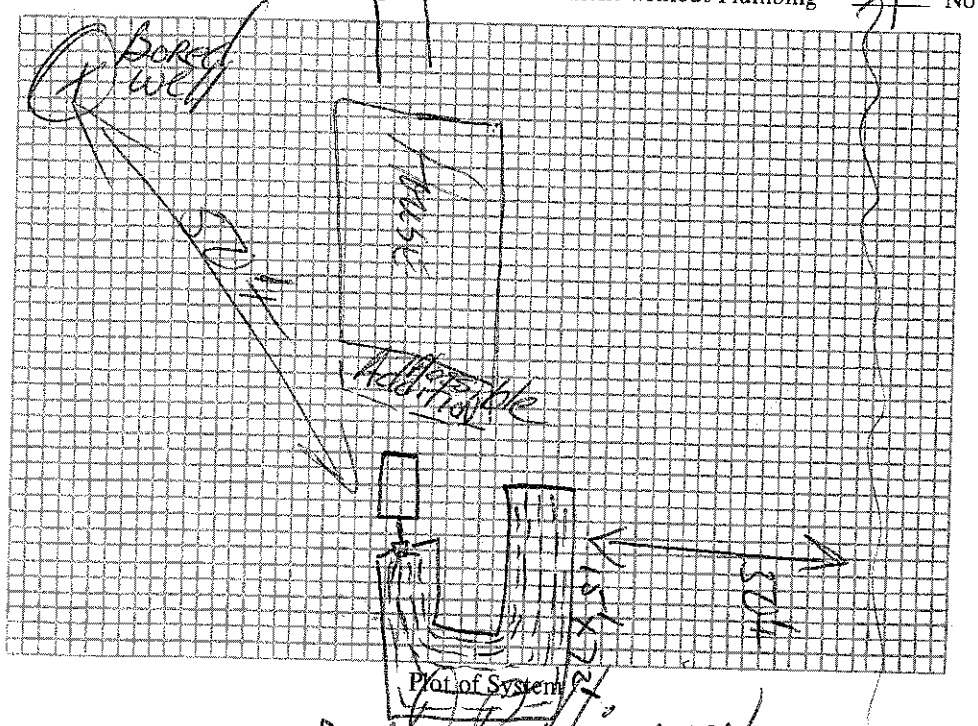
SUBDIVISION NAME Lake Norman LOT NO. 31 SECTION OR BLOCK NO. 14

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	5 MPI / 12 / day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	6-8%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4-4	
Lot Area _____			Rock or other impervious formations	NONE OBSERVED	

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 108 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )
Lincolnton

Installed by Harvey Leatherman

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

Signed: _____

IMPROVEMENTS PERMIT BY K. F. Linson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 4-13-83

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

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 Lynne Laughlin DATE 6-6-85 PERMIT NO. 234

PHONE: Business _____ Home _____

LOCATION 150 W IR #303 X Lake Rd 1458 (N Young) 6th Lot on left

SUBDIVISION NAME Kate Norman LOT NO. 31 SECTION OR BLOCK NO. 14 S. R. No. _____

House (X) Mobile Home ( ) Business ( ) Other 8'x12' Storage Shed (No Plumbing) + Enclosing Living Room

No. Bedrooms 1 No. Bathrooms 1

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

Character & Porosity of Soil _____

Percolation Rate _____

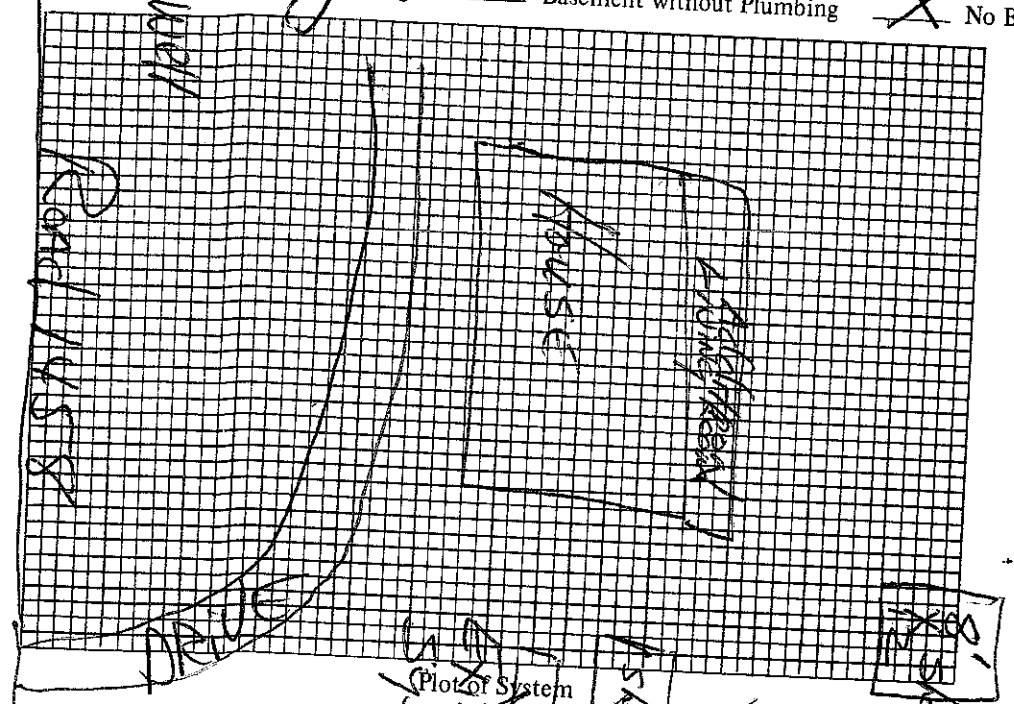
Topography EXISTING

Depth to Water Table SYSTEM

Rock or other impervious formations _____ Installed 1983

Lot Area EXISTING

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines EXISTING

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual X

Public ( )

1983

Installed by _____

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

Signed _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Existing System Working OK At Date of Construction 1983 System Checked by Fred Clemmer

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE 6-6-85

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