4638916026

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 Alan White DATE 9-28-79 PERMIT NO. 334

PHONE: Business _____ Home _____

LOCATION 1303 N TRon 1479 1/2 mi. on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 8 SECTION OR BLOCK NO. 11

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 ( )

Site Suitable Yes (✓) No ( )

Lot Area 3/4 AC.

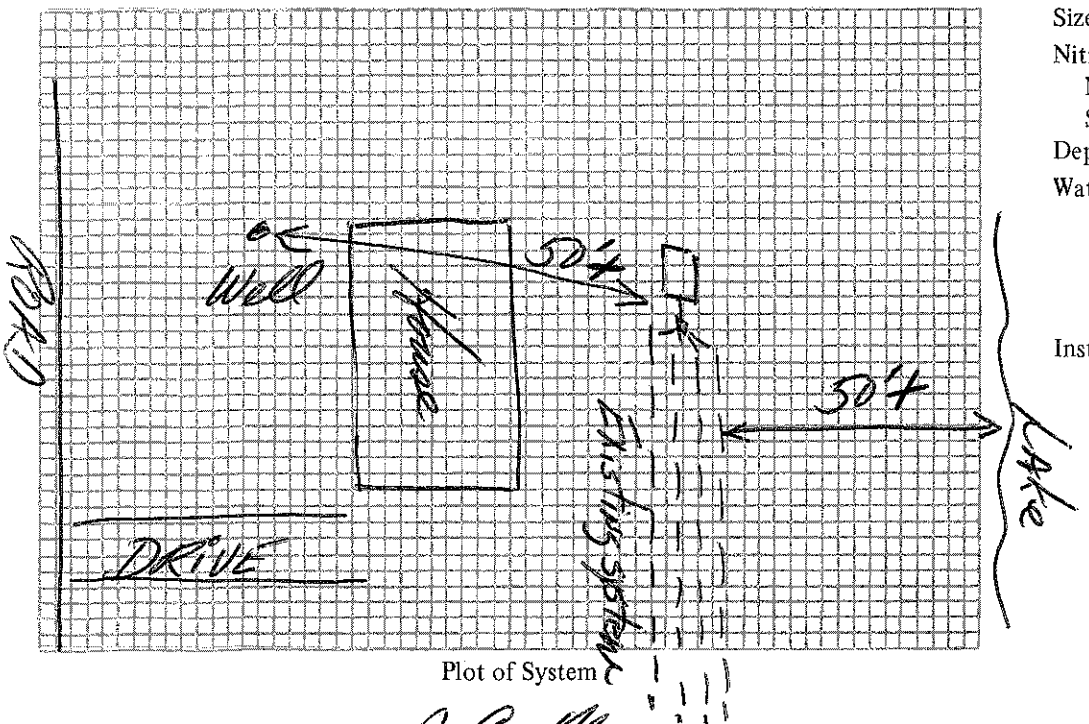
Character & Porosity of Soil clay loam

Percolation Rate _____

Topography 4-6%

Depth to Water Table 4'+

Rock or other impervious formations none obs.



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Existing system working OK at time of inspection

CERTIFICATE OF COMPLETION BY David R. Henson DATE 9-28-79

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 Harry D White DATE 6/1783 PERMIT NO. 204

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1479 TR 1480 r/side on left

S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 8 SECTION OR BLOCK NO. 11

House ( ) Mobile Home ( ) Business ( ) Other Shop - 1 bathroom

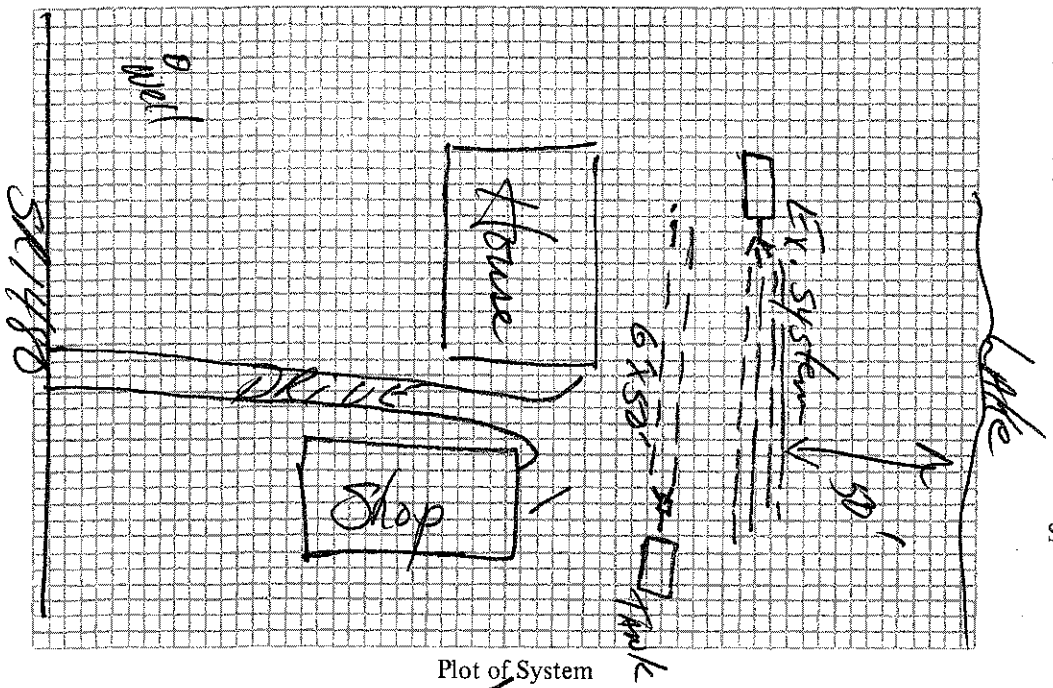
No. Bedrooms _____ No. Bathrooms 1

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

Character & Porosity of Soil clay loam
Percolation Rate 5
Topography 2-4% grade
Depth to Water Table 4'
Rock or other impervious formations None obs.

Lot Area ~½ - ¾ Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 800 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Fred Denham

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

Signed: _____

IMPROVEMENTS PERMIT BY JHC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Johnson DATE 6-1783

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

9:45

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 Harry D. White DATE 2-28-83 PERMIT NO. 46

PHONE: Business _____ Home _____

LOCATION 150 W/ TR 1303 TR 1479 BR 1480 Aft 1.0 mile on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 8 SECTION OR BLOCK NO. 11

House ( ) Mobile Home ( ) Business ( ) Other 24x40 Shop 1 bath Room

No. Bedrooms _____ No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes ( ) No (X)

Auto. Wash. Machine Yes ( ) No (X)

Site Suitable Yes (X) No ( )

Character & Porosity of Soil Clay loam

Percolation Rate 5 MPI / ft²/day

Topography 8-10%

Depth to Water Table 4'+

Rock or other impervious formations None observed

Lot Area Existing Lot Shop building

_____ Basement with Plumbing _____ Basement without Plumbing 1 No Basement w/baffell

Size of Tank 800 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"

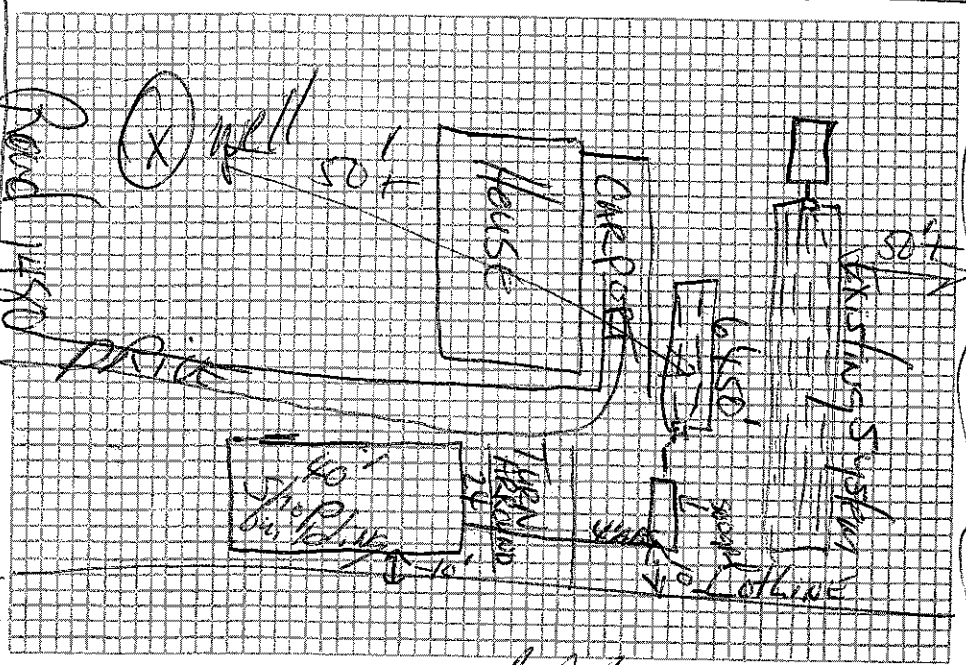
Water Supply: Individual (X)
Public ( )

LAKE

Installed by _____

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

Signed: X H. D. White



Plot of System

IMPROVEMENTS PERMIT BY Fred Clemmons

COMMENTS: _____

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 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 Clyde Smith DATE 7-17-95 PERMIT NO. 215

PHONE: Business _____ Home _____

LOCATION 1302 TR 66 left in, 1st left

_____ S. R. No. 1002

SUBDIVISION NAME Lake Norman LOT NO. 2 SECTION OR BLOCK NO. 11

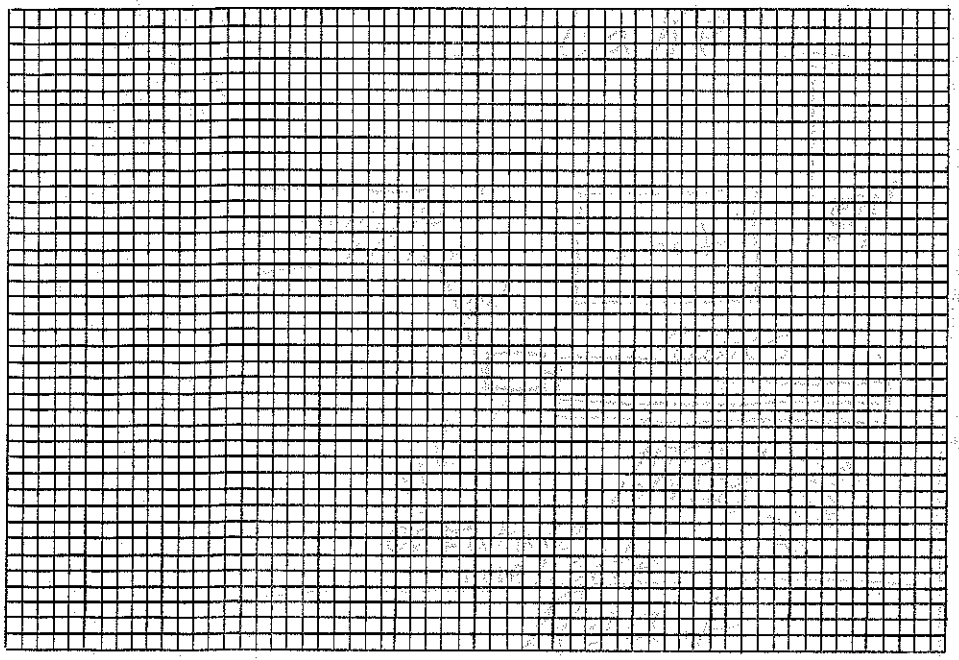
House ( ) Mobile Home (✓) Business ( ) Other _____

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 Adequate

Character & Porosity of Soil Clay loam / Gravelly Loam
Percolation Rate 30 min/in
Topography Gently Rolling
Depth to Water Table 48"+
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 200
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by Bonnie Myers / Myers Inc.

IMPROVEMENTS PERMIT BY D. Caldwell

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D. Caldwell DATE 7-17-95

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 _____ DATE _____ PERMIT NO. 219

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

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

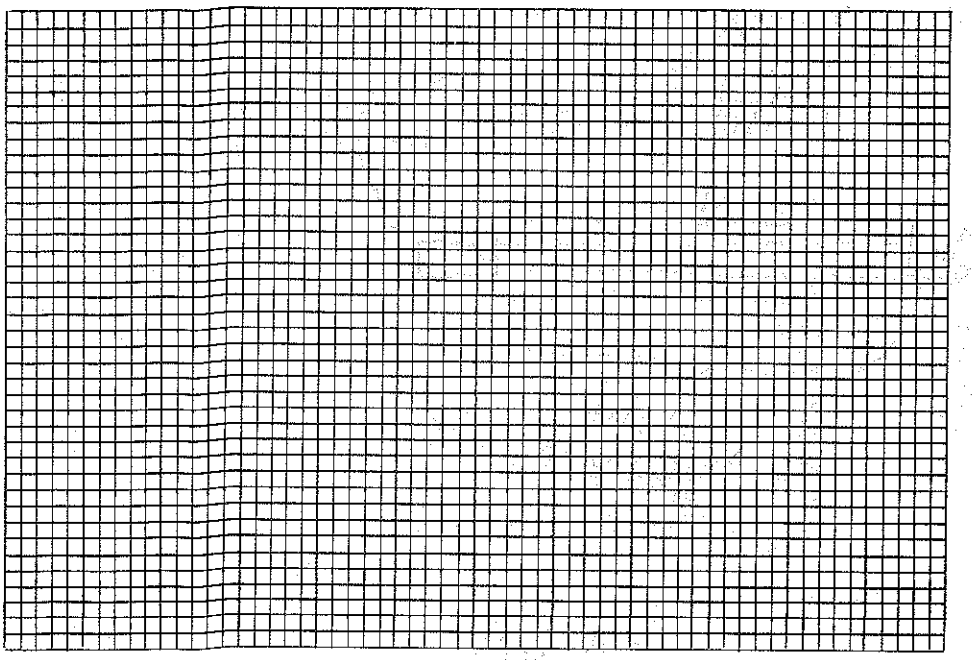
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

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

Lot Area _____



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