4638920500

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 Martin E. Oehler DATE 11/4/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TR Perth TR Wilson Lake Rd ~ 1/2 mile on left S. R. No. _____

SUBDIVISION NAME CL and T LOT NO. 24 SECTION OR BLOCK NO. 11

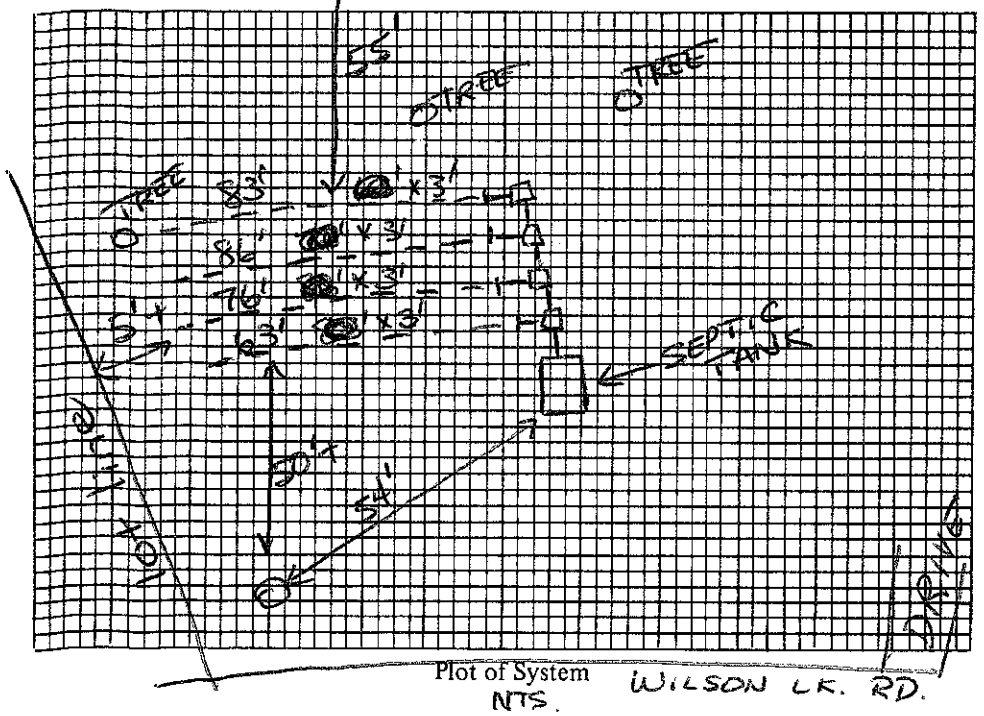
House ( ) Mobile Home (DW) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay (shallow)
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4.4 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area _____ Lake 760' mark

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NTS

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300 *308 ft linear actual.

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by Ross Landscaping

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 11/4/87

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

01520

10.00

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 Martin E. Dahler DATE Oct 30, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TR 1323 (Heath Rd.) ½ mile + on left

S. R. No. _____

SUBDIVISION NAME Clot Lake Norman LOT NO. 24 SECTION OR BLOCK NO. 11

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

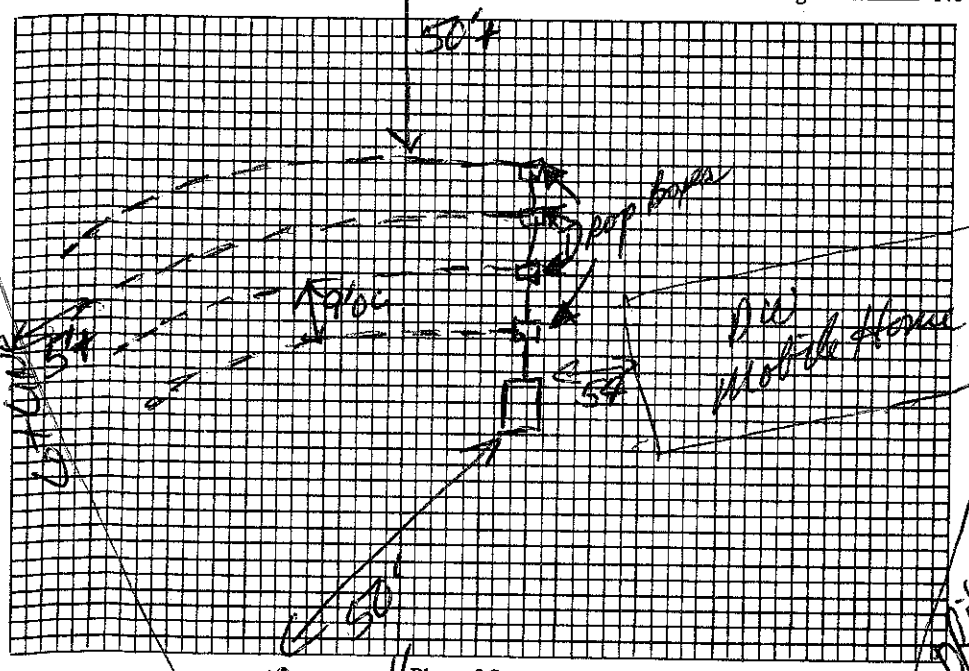
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay (shallow)
Percolation Rate 2, 4
Topography 2-8%
Depth to Water Table 4+
Rock or other impervious formations none obs.

Lot Area ~~2 3/4 Ac.~~ 1160 LAKE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓ Existing
Public ( )

Installed by K/A

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

Signed: Martin Dahler

IMPROVEMENTS PERMIT BY DB Hanson RS

COMMENTS: Wilson Lake Rd.

Install drainfield no deeper than 30" to bottom of ditch. Follow contour. Use drop boxes or multiple d-boxes.

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