4639 10 3845

IREDELL COUNTY HEALTH DEPARTMENT

14209

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wayne D. Burge DATE 6/5/92 PERMIT NO. 3C 10 A 159

PHONE: Business _____ Home _____

LOCATION 1303 N. TL 1300 (FERN HILL) TR 1449 (RIVER BEND RD.) ~ 1/4 mile on (L) S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other Upgrading System to 3BDRM

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~.98AC

Soil Characteristics _____

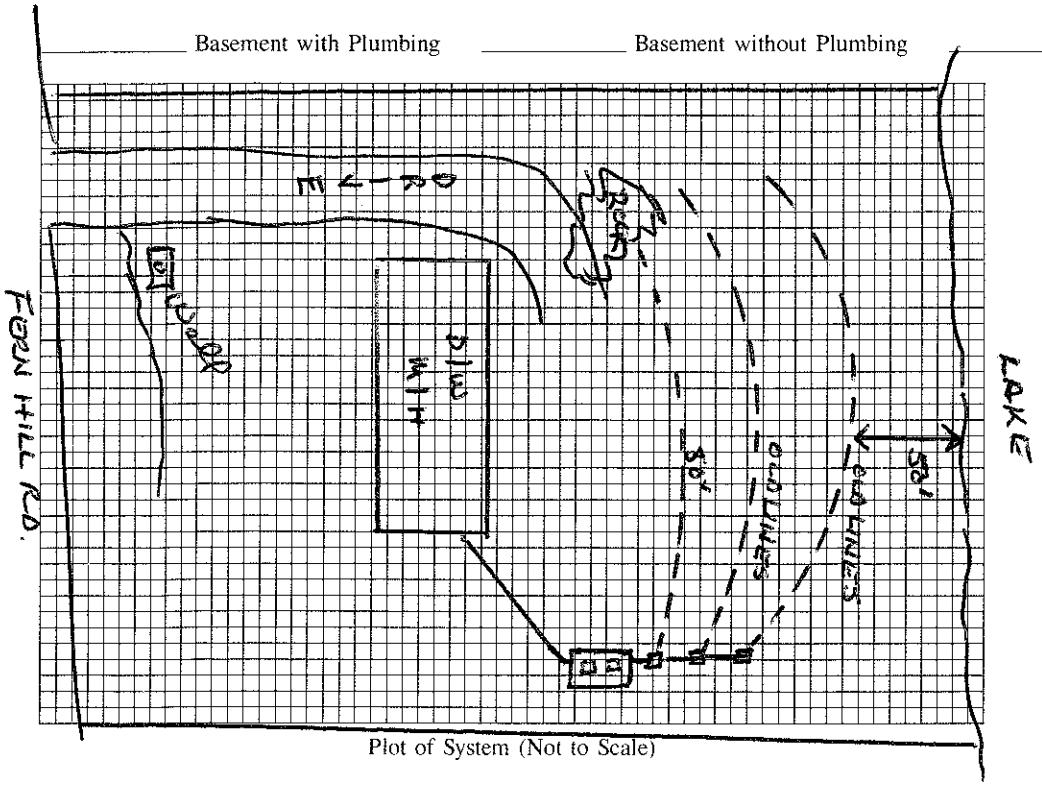
Application Rate see original permit

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1 New + 2 Existing

Sq. Ft. ~~[illegible]~~ Linear Ft. 280

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Easker Elder

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS As much line installed as was possible for the soil/rock conditions. Layout had to be changed to stay off the 760 contour line along lake.

CERTIFICATE OF COMPLETION BY Wesley Sparks DATE 6/5/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

14209

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wayne D. Burge DATE March 12, '92 PERMIT NO. 3C10A159

PHONE: Business _____ Home _____

LOCATION 1303 N. TL 1300 (Fern Hill) TR 1449 (Riverbend Rd.) a 1/4 mile on left S.R. No. _____

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

DW

House ☐ Mobile Home ☑ Business ☐ Other _____ Replacing SW M.H w/ DW M.H Upgrading Septic system from 2 Bedroom to 3 Bedroom

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics _____

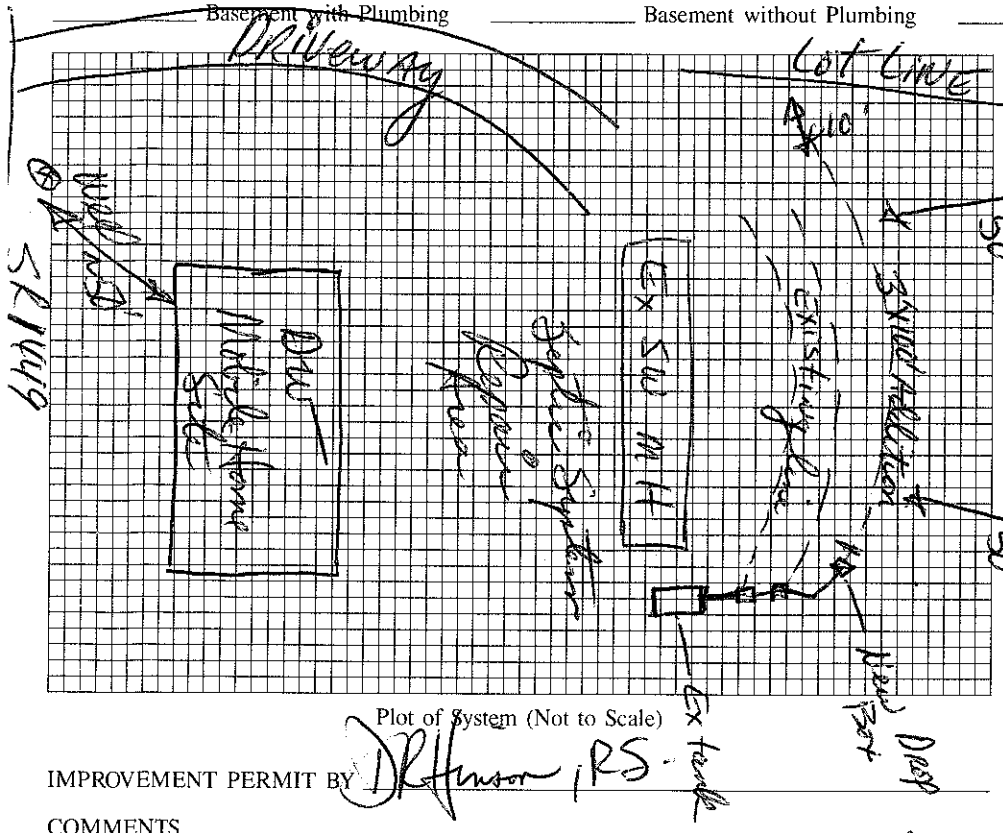
Garbage Disposal Unit Yes ☐ No ☑ Application Rate _____ See original permit

Auto. Dishwasher Yes ☑ No ☐ Topography _____

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table _____ for eval.

Lot Area .98 Ac Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1 New + 2 Ex

Sq. Ft. 300 Linear Ft. 100 Added

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: X Wayne Burge By Joe R Smith

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY D R Hinson RS

COMMENTS

36" trench bottom depth on new line max.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement 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 Randy Moose DATE Nov 9 '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. Tr 1300 (Teen Hill Rd.) TR 1449 (Riceland) 1/4 mile on left S. R. No. _____

SUBDIVISION NAME OLA T CAKE Norman LOT NO. 970 SECTION OR BLOCK NO. 15

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 .98 Ac

Character & Porosity of Soil clay

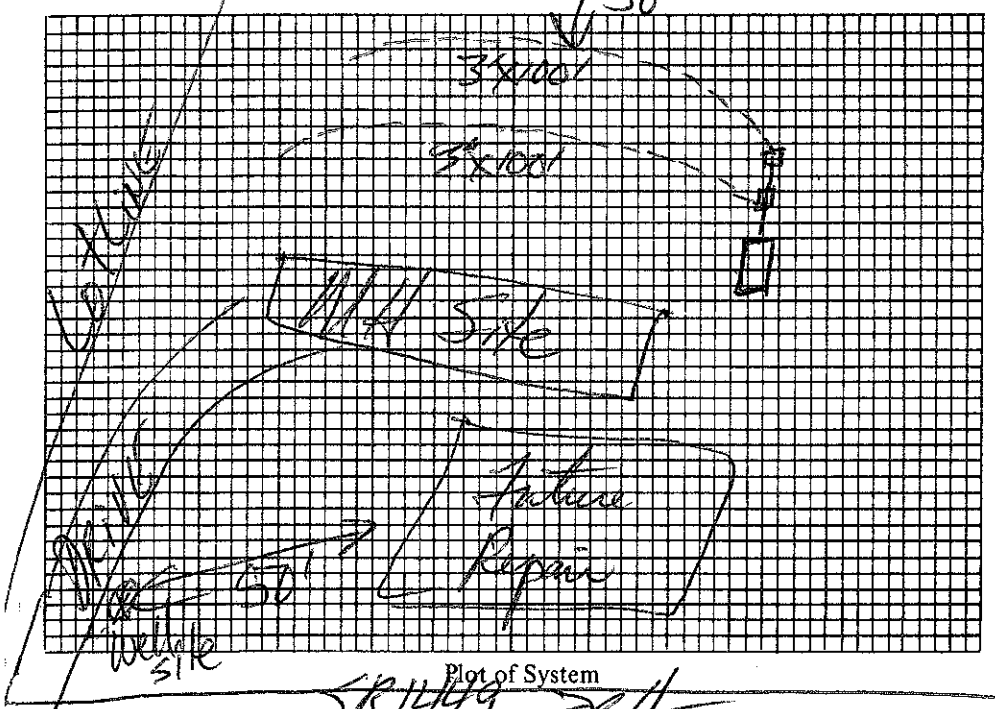
Percolation Rate 2.4

Topography 15-25%

Depth to Water Table 4 ft

Rock or other impervious formations some scattered rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by H J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well not down.

CERTIFICATE OF COMPLETION BY H J Erwin, RS. DATE 11-9-87

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

2:00

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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 Randy H. Moore DATE Oct. 9, '87 PERMIT NO.

PHONE: Business Home

LOCATION 1303 N. TR 1300 (Fern Hill) TR Riverbend ~ ½ mile on left S. R. No.

SUBDIVISION NAME CL&T Lake Norman LOT NO. 970 SECTION OR BLOCK NO. 15

Future Temporary

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 1.98 AC

Character & Porosity of Soil clay

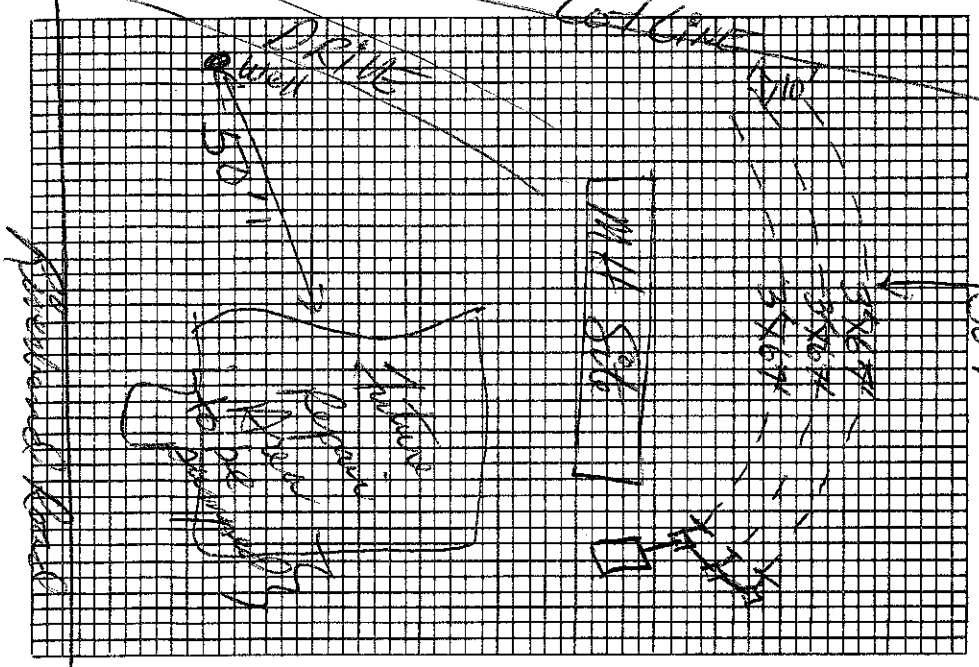
Percolation Rate ~14

Topography 15-25%

Depth to Water Table 4'+

Rock or other impervious formations scattered rock on surface

Basement with Plumbing Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2-3

Sq. Ft. 600 Linear Ft. 200

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 Rufus Honeycutt

IMPROVEMENTS PERMIT BY Alan R. Hunsucker R.S.

COMMENTS: May be able to get system in 2 ditches 3'x100'. Keep system on contour, Use drop boxes to distribute effluent. Install drainfield no deeper than necessary (~30" to bottom of ditch)

CERTIFICATE OF COMPLETION BY DATE

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