4639 12 3472

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 Larry S. Charles DATE Aug. 11, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303N TL 1300 (Fern Hill) TR 1449 (Riverbend) Bear R 1st Street TL next St. on R

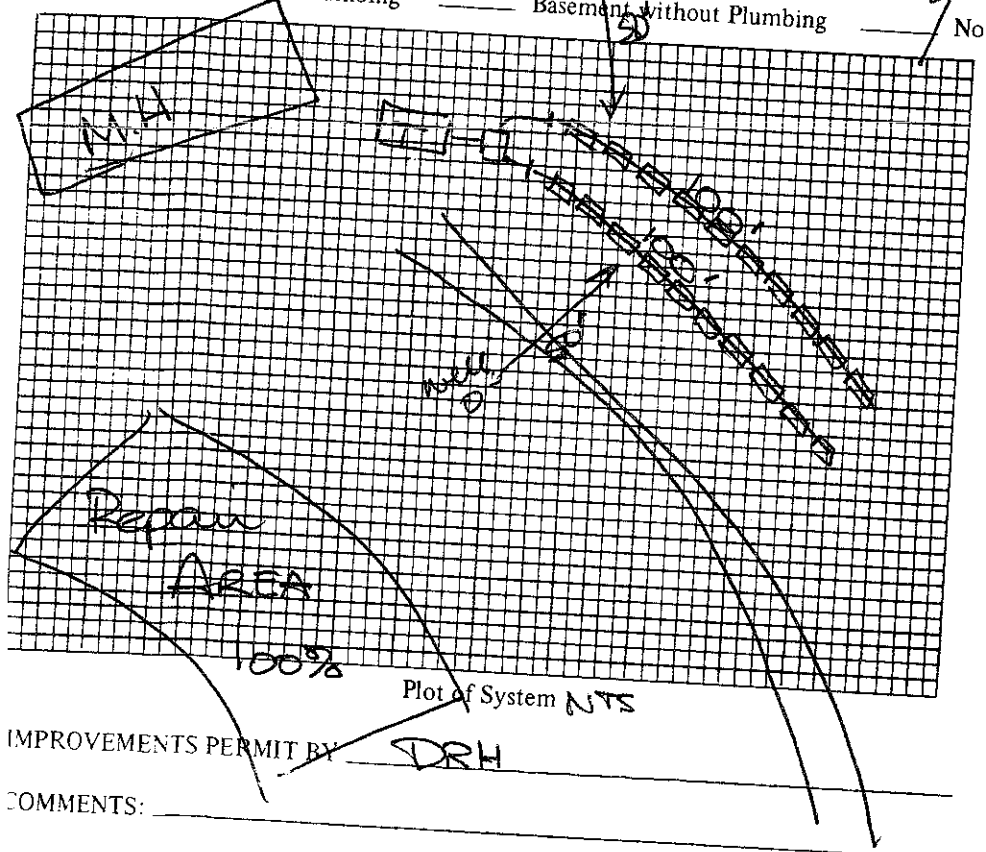
SUBDIVISION NAME CL+T LOT NO. 958 S. R. No. _____ SECTION OR BLOCK NO. 15

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 15-20%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 3'+
Lot Area _____			Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NTS

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200' of
Depth of Stone in Lines 16" T & I

Water Supply: Individual (✓) panels
Public ( )

Installed by Julian Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

ERTIFICATE OF COMPLETION BY Andrew C. Price

XISTING SYSTEM CHECKED BY: _____ DATE Aug. 11, 1988

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

rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
iprovements Permit.

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

08807

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 Jerry A. Charles DATE July 29, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. Rt 1300 (Fern Hill) Rt 1449 (Riverbend) Bear Rt 1st Street Rt next Street on Rt S. R. No. _____

SUBDIVISION NAME Clt Lake Norman LOT NO. 958 SECTION OR BLOCK NO. 15

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

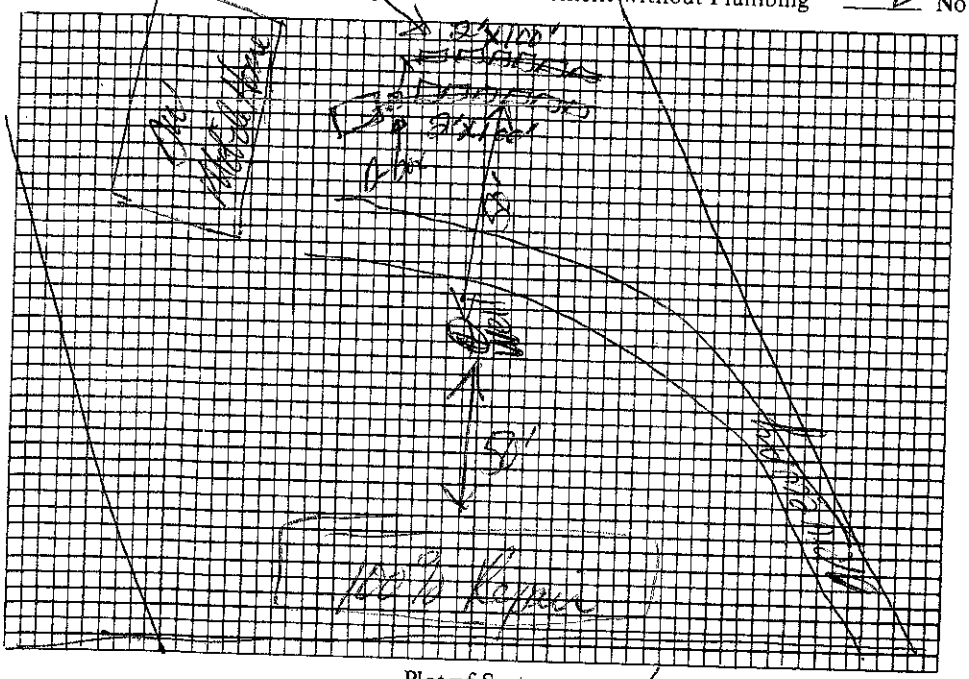
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 2.3
Topography 15-25%
Depth to Water Table 3'+
Rock or other impervious formations none obs.

Lot Area ~1.5 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16"+6"
Water Supply: Individual (✓) panels
Public ( )

Installed by _____

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

Signed _____

IMPROVEMENTS PERMIT BY David R Hensin, RS

COMMENTS: Well and driveway not located as shown on earlier permit requiring use of panel system. Use a 4-box with 4" sch 40 with 3 port knees and reduce with a 4"x2" reducer at least 2' from box. Follow contour. Install at 30" to bottom of stitch.

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

08807

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 Larry A. Charles DATE June 17, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. R 1300 (Green Hill) TR 1449 (Riverbend) Bear Rt 1st Street TL next street on Rt S. R. No. _____

SUBDIVISION NAME CLOT LAKE NORMAN LOT NO. 358 SECTION OR BLOCK NO. 15

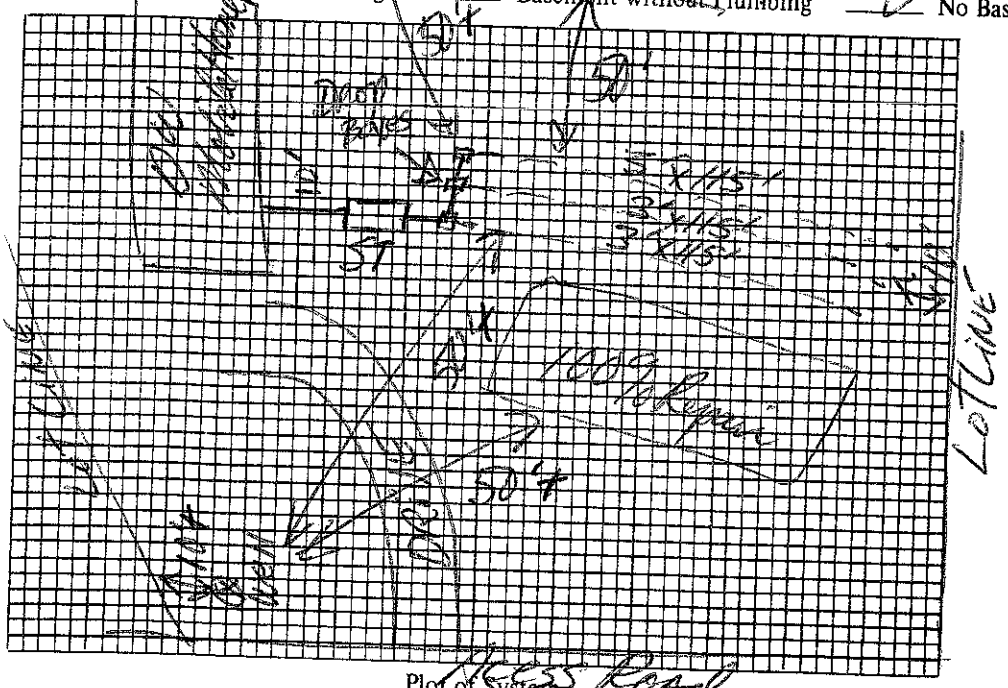
House (✓) Mobile Home ( ) Business ( ) Other Relayout

P.W.

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable PS	Yes (✓)	No ( )	
Lot Area 2.5 AC.			

Character & Porosity of Soil clay
Percolation Rate 2@35
Topography 15-25%
Depth to Water Table 3'+
Rock or other impervious formations none obs.



_____ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
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 David R. Hunter, R.S.

COMMENTS: Drainfield to be installed on contour and at a depth of 30" to bottom of ditch.

Relayout due to owner's desired change of mobile home location

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

08807

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 Larry A. Charles DATE May 6, 88 PERMIT NO.

PHONE: Business Home

LOCATION 203 W. TL 1300 (Fern Hill) TR 1449 (Riverbend) Blvd Rt 1st street TL on Rt.

SUBDIVISION NAME Old Lake Norman LOT NO. 958 S. R. No. SECTION OR BLOCK NO. 15

PW

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

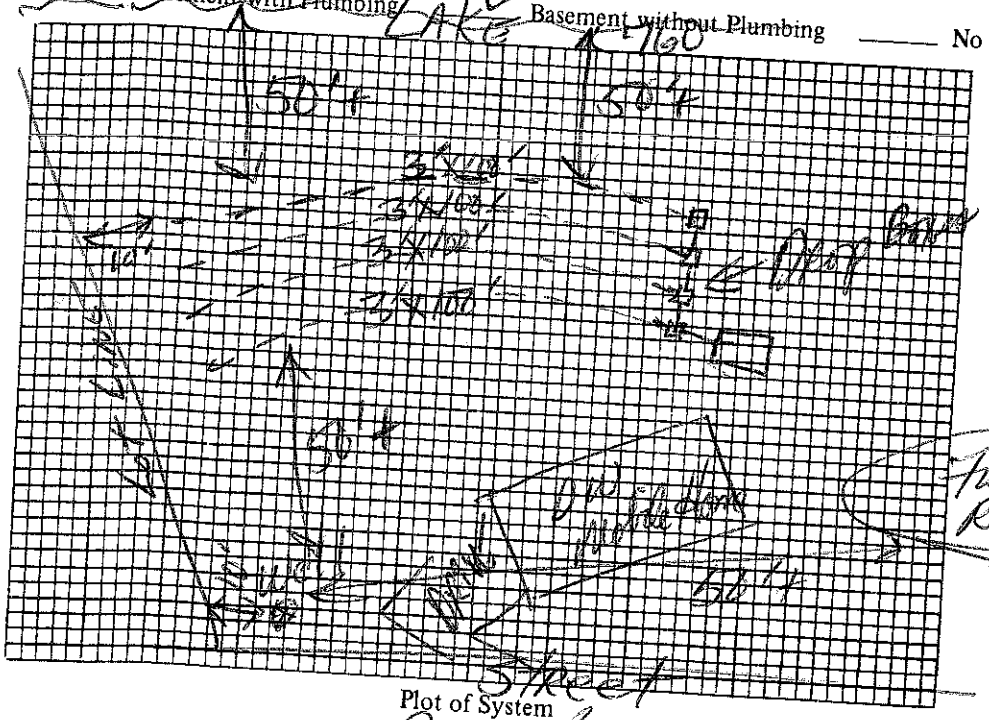
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1.5 Ac

Character & Porosity of Soil Clay
Percolation Rate 2, 3
Topography 20-30%
Depth to Water Table 36"+
Rock or other impervious formations none to.

___ Basement with Plumbing AKC ✓ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
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: Larry S. Charles

IMPROVEMENTS PERMIT BY JR Johnson RS

COMMENTS: Drainfield must be put on contour and shallow 12" over rock stone on lower side of ditch.

CERTIFICATE OF COMPLETION BY

EXISTING SYSTEM CHECKED BY: DATE

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

ermit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making nprovements Permit.

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