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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)

ER OR CONTRACTOR RONALD KARRIKER DATE 2/23/88 PERMIT NO.

NE: Business Home 892-3016

ATION 145 S TR Langtree X I77 ON LEFT
3rd house on left. MH is behind.

BDIVISION NAME S. R. No.

LOT NO. SECTION OR BLOCK NO.

ouse ( ) Mobile Home (X) Business ( ) Other Repair

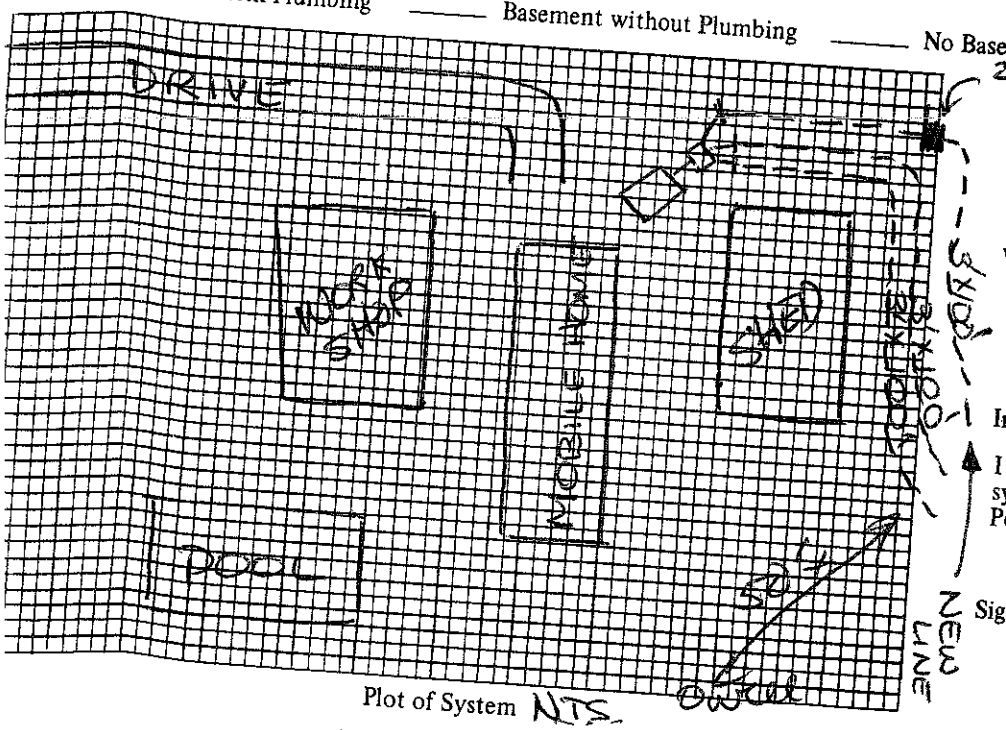
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 4
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System NTS

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by SELF

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

Signed:

PROVEMENTS PERMIT BY Andrew C. Pierce

MMENTS: No sign of sewage. Additional line gets system up to standard for a 3 Bedroom home. System functioning properly at time of this inspection

TIFICATE OF COMPLETION BY Andrew C. Pierce DATE 1/23/88

TING SYSTEM CHECKED BY: DATE

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

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

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

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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 RONALD KABRIKER DATE 2/22/88 PERMIT NO. _____

PHONE: Business _____ Home 892-1090

LOCATION 115 S TR 1102 (Langtree Rd) X I 77

MH. behind 3rd house on left. S. R. No. _____

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

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

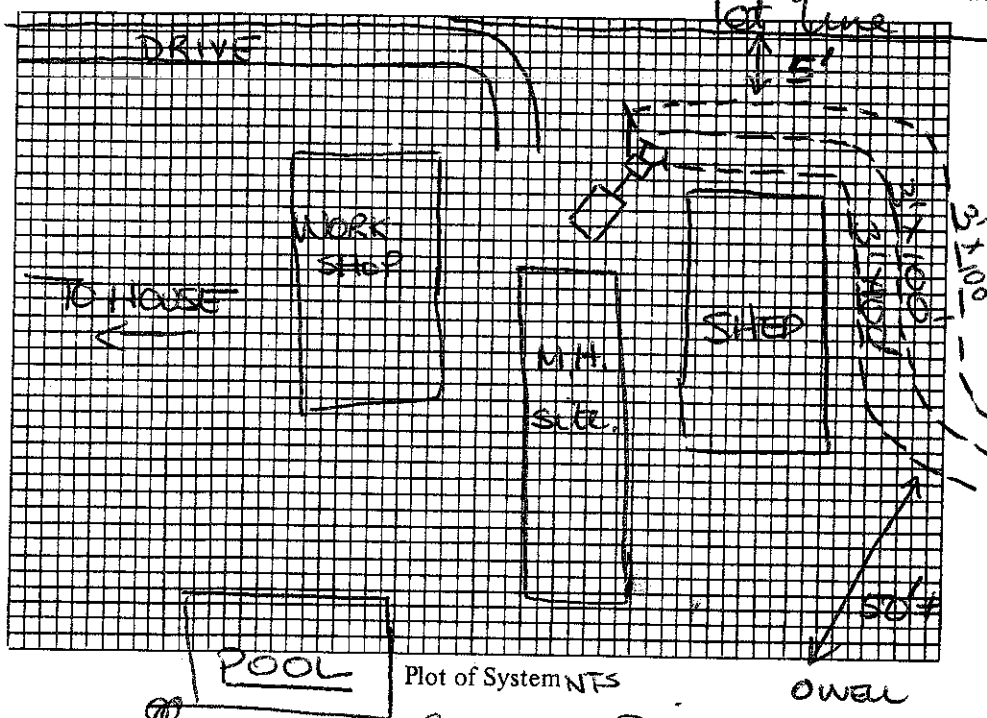
No. Bedrooms 3 — Increase # bedrooms. No. Bathrooms 2

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 clay/ loam
Percolation Rate ~.4 gpd/ ft2 (~.5 g/ft2/day.
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none observed.

Lot Area EXISTING

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NTS

OWEN

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
lot line

ORIG.
Installed by F.J. ERVIN

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Queen

COMMENTS: Install new line adjacent to old line. 5-6' between.

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

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 MAX KARRIKER DATE 11-26-85 PERMIT NO. 309

PHONE: Business _____ Home (892-1090)

LOCATION 1155 TR 1102 (Lanetree Rd) X I77
MH on rt 3rd house on left

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

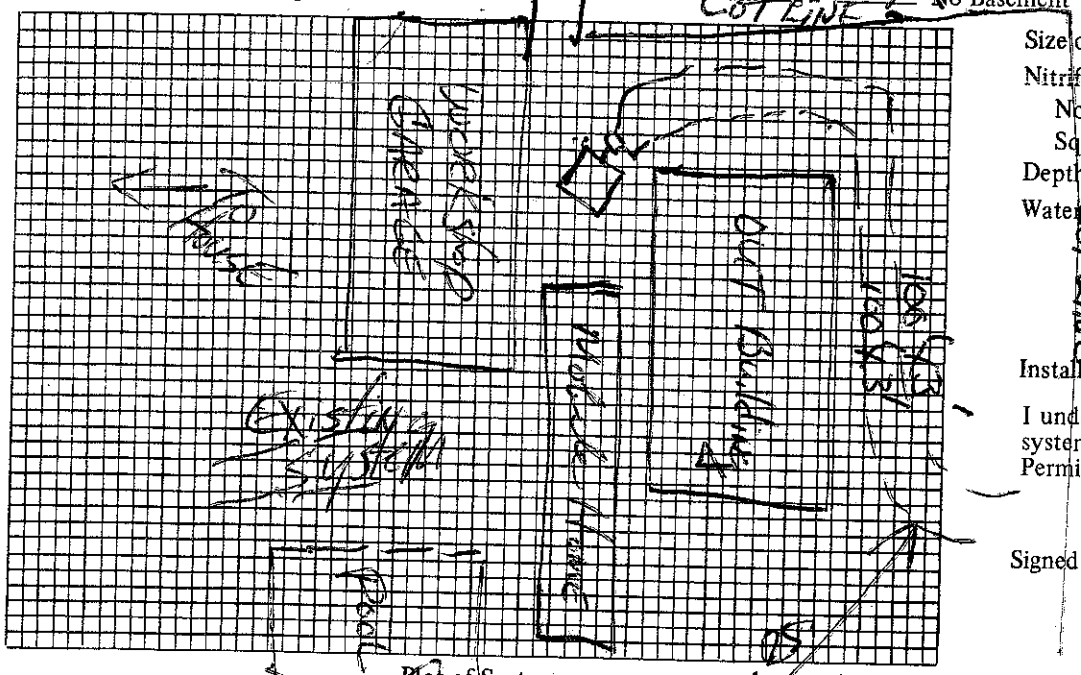
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 2 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 ( )
Lot Area EXISTING

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft²/day
Topography Slope
Depth to Water Table 48"+
Rock or other impervious formations None obs

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



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 (X)
Public ( )

Installed by J. J. Erwin Const.

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

Signed: _____

IMPROVEMENTS PERMIT BY C. K. Barnett

COMMENTS: 11am (X)

CERTIFICATE OF COMPLETION BY Fred Altaman DATE 11-26-85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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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 Max Kavrikev DATE 11-12-05 PERMIT NO. 373

PHONE: Business _____ Home _____

LOCATION 1455 TR Longtree Rd X I-77 2nd house on left

S. R. No. _____

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

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

No. Bedrooms 2 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 ( )

Lot Area EXISTING

Character & Porosity of Soil Clay

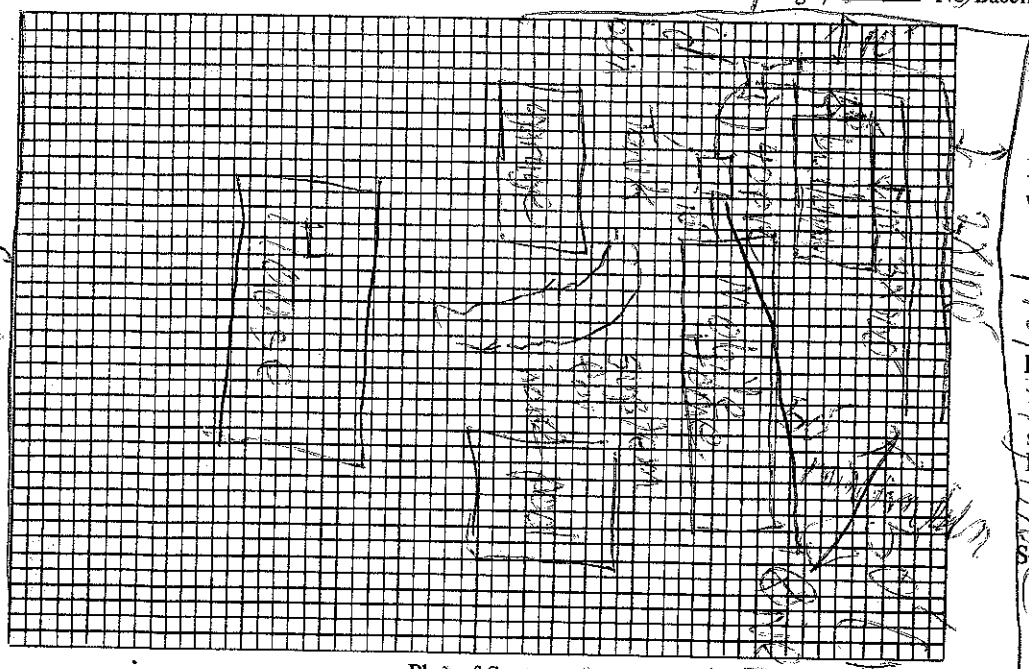
Percolation Rate 0.5 gal/ft²/day

Topography I-Slope 4

Depth to Water Table _____

Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing Crawl Space 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 (X)

Public ( )

Installed by _____

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

Signed: Max Kavrikev

IMPROVEMENTS PERMIT BY Charles K. Barnette

COMMENTS: Keep system shallow. Soil can contain

Keep 5' system 50' minimum from the well (Pipes & Tank)

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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