4646392282

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 West Lynton DATE 5-16-18 PERMIT NO. 84

PHONE: Business _____ Home _____

LOCATION 409 FR 2nd 1190

_____ S. R. No. _____

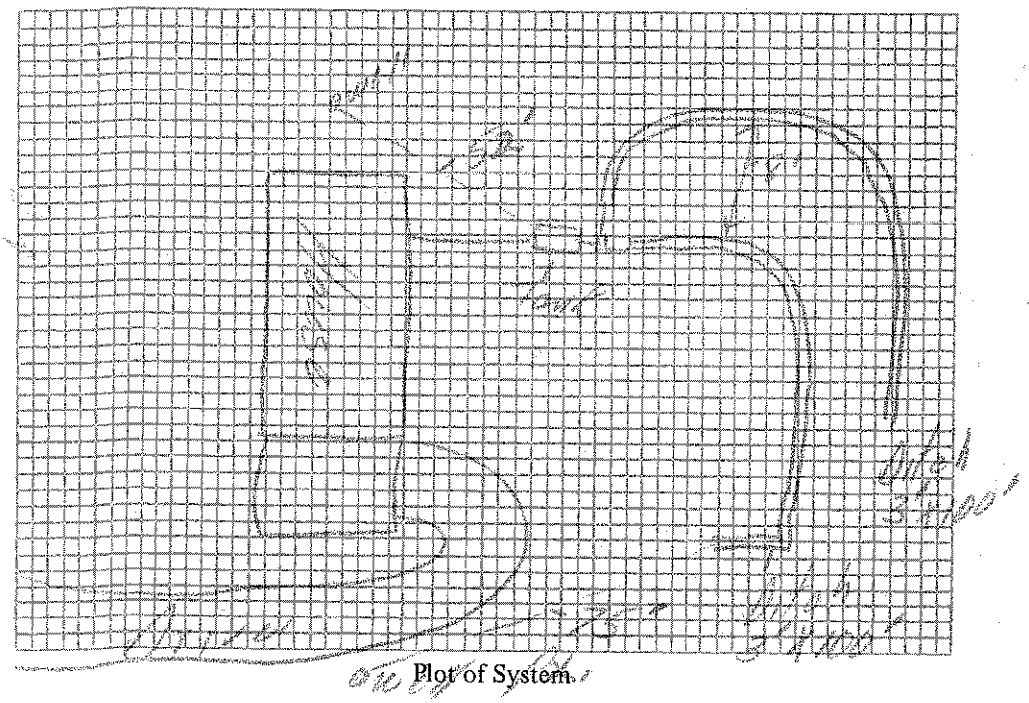
SUBDIVISION NAME Fallswood Harbor LOT NO. 46 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay	Loamy
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Good	Fast
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	> 2%	Flat
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	12	12
			Rock or other impervious formations	None	

Lot Area 1 Acre



Plot of System.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 600 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J. P. Locke

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5-11-19

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

4646392183

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 Smith Lee Mac DATE 6-21-22 PERMIT NO. 1525

PHONE: Busines Home

LOCATION 1020 Tr 04 1420

S. R. No.

SUBDIVISION NAME Idlewood Harbor LOT NO. 43 SECTION OR BLOCK NO.

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

No. Bedrooms 4 No. Bathrooms 2

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

Lot Area 1 Acre

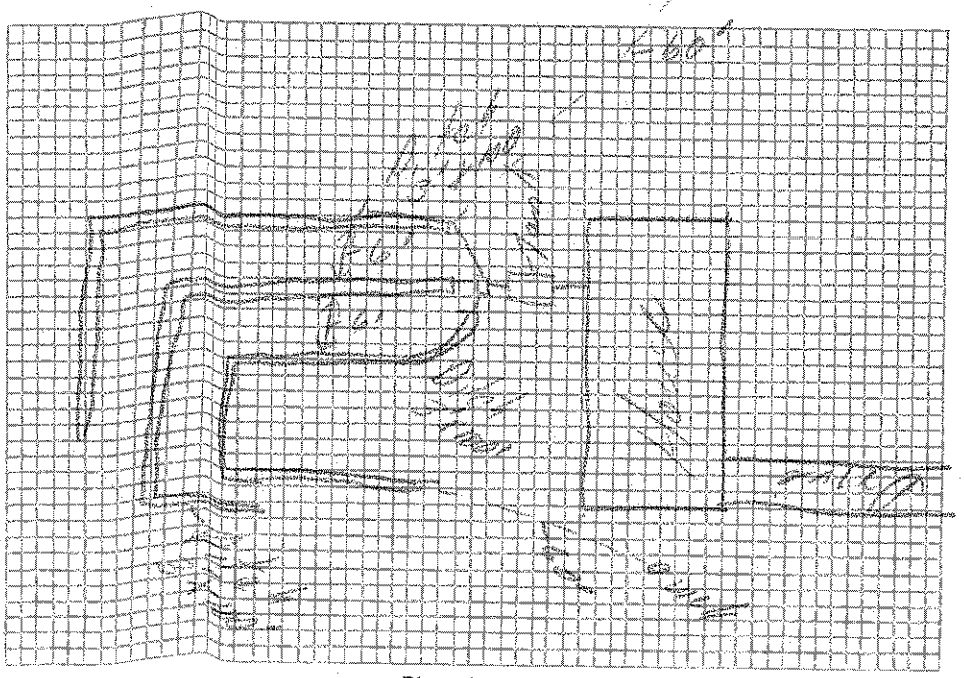
Character & Porosity of Soil Clay loam

Percolation Rate 60 Min/Inch

Topography 2% Slope

Depth to Water Table 6 ft

Rock or other impervious formations None



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J. P. Lewis

IMPROVEMENTS PERMIT BY

COMMENTS:

CERTIFICATE OF COMPLETION BY [illegible] DATE 6-21-22

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

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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 Smith Builders DATE 1-11-79 PERMIT NO. 14

PHONE: Business _____ Home _____

LOCATION 1109 + R on 1190

S. R. No. _____

SUBDIVISION NAME Edlewood Harbor LOT NO. 48 SECTION OR BLOCK NO. _____

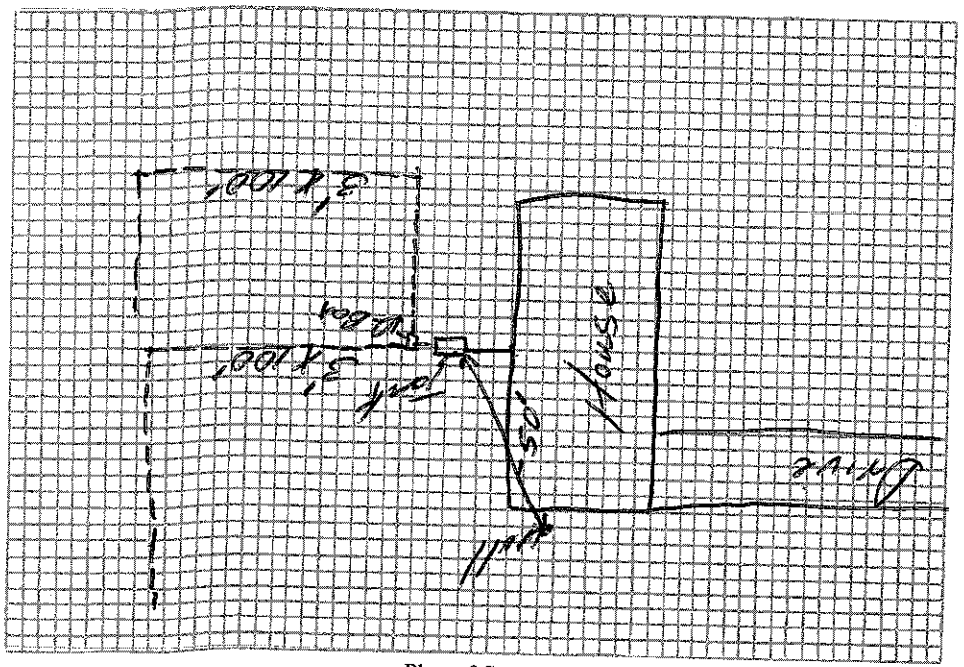
House (✓) Mobile Home ( ) Business ( ) Other _____

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 1/2 ac

Character & Porosity of Soil Clay loam
Percolation Rate 80 min/in
Topography 2% slope
Depth to Water Table 10'+
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by J.R. Bowles

IMPROVEMENTS PERMIT BY _____

COMMENTS: Water comes in on Left 30' of inside Line

CERTIFICATE OF COMPLETION BY John Houston DATE 2-14-79

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