08882

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 Lisa Stowe DATE 12 2008 PERMIT NO. 09

PHONE: Business _____ Home _____

LOCATION Off Mt Pl Rd #2 Dist 1 Antioch Bapt Church R London R Rollick
Home on Left Use Isolated S. R. No. _____

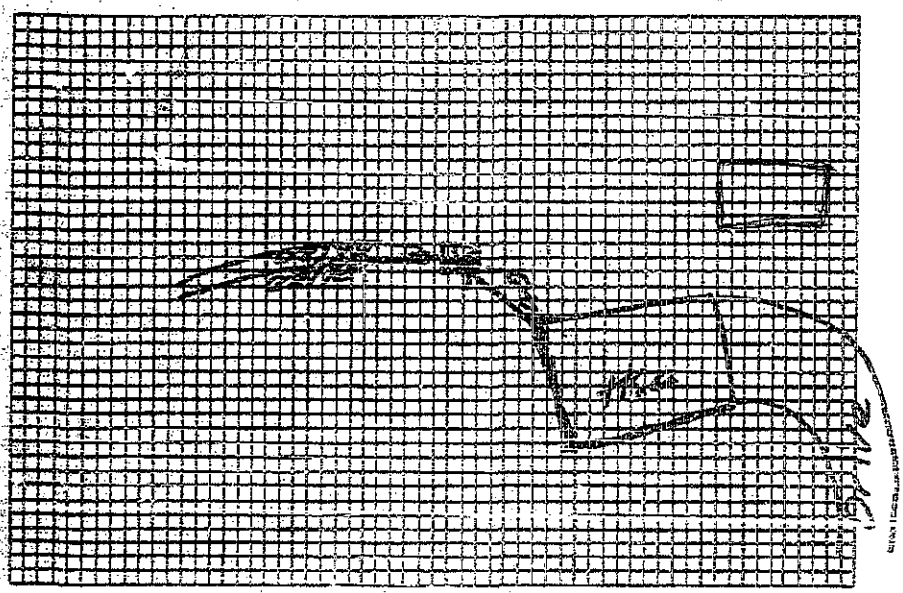
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2 Character & Porosity of Soil gene Suitable
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 4
Auto. Dishwasher Yes (✓) No ( ) Topography Rolling
Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 10'
Site Suitable Yes (✓) No ( ) Rock or other impervious formations None

Lot Area 20 ac

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )
Spring

Installed by David Yount

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 12 2008

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 Applicant's Copy: Pink Owner's Copy: Gold

The proposed Outbuilding addition does not appear to impact the existing septic system.
**NOTE: _____

J

R.S.
Date: 4-28-10
ICHD-Environmental Health Division