IREDELL COUNTY HEALTH DEPARTMENT 4625 09 4435 IV

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR John Barrett DATE 8-23-11 PERMIT NO. _____

PHONE: Business _____ Home 527-1141

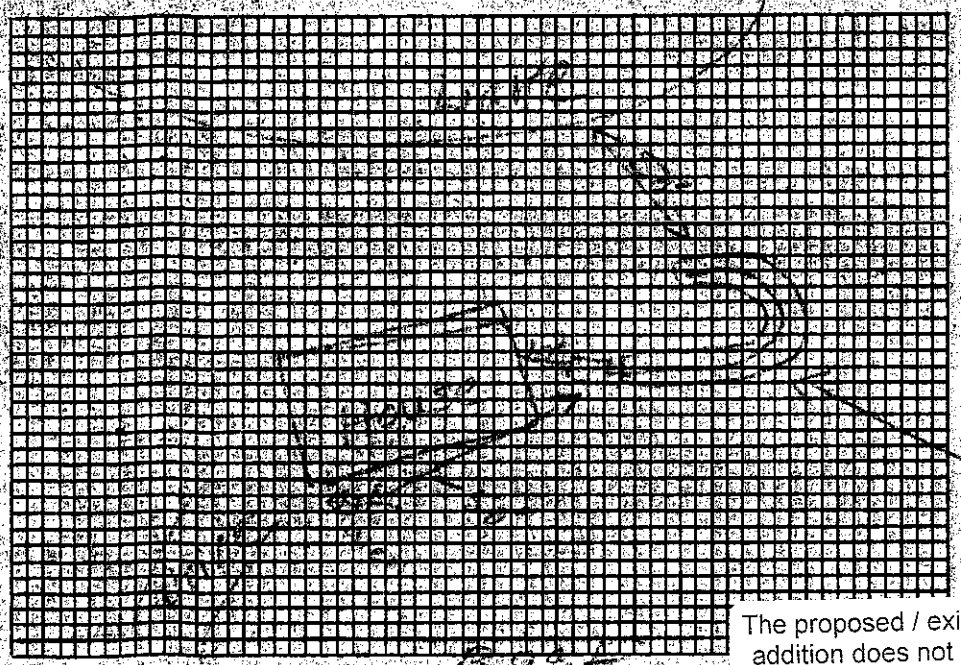
LOCATION 1100 TR 1170 TL on 1459 TL on 1458 Stay right at Fork 3rd driveway S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 120 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 2½
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 3+/- acres

Character & Porosity of Soil EXISTING
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations SYSTEM



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 562½ Linear Ft. 225
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by ?

The proposed / existing SunRoom addition does not appear to impact the existing septic system.
**NOTE: _____ R.S.
Date: 9-6-11
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System is adequate for above size house

CERTIFICATE OF COMPLETION BY _____ DATE 8-23-11

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