4625207053

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 Beverly Webb DATE 9-13-82 PERMIT NO. 285

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 ~ ½ mile TR at "Battle" sign on left near end

S. R. No. _____

SUBDIVISION NAME L. N. LOT NO. 71 SECTION OR BLOCK NO. 6

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 ( )	

Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area ~ ½ 3/4 Ac.

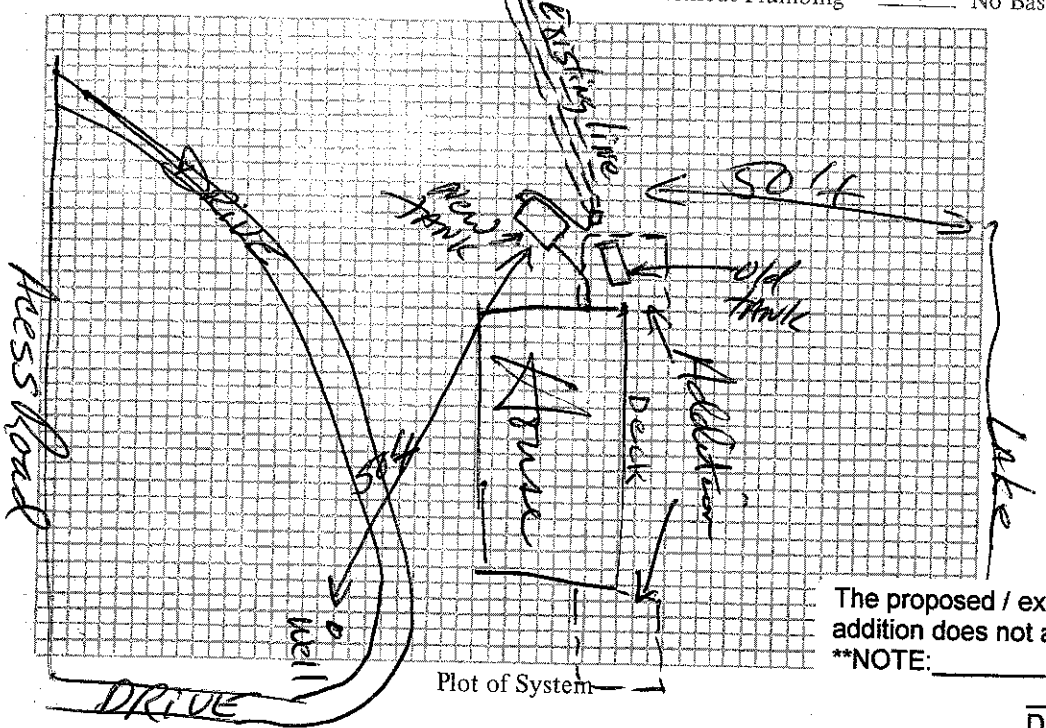
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

New tank

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )



Plot of System

Installed by _____

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

Signed: _____

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

Lindsay Melville REHS
Date: 2-10-11
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: OK Replacing tanks, Existing drainfield

CERTIFICATE OF COMPLETION BY _____ DATE 9-13-82

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