4/627 60 1230

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 Edward Dyson DATE Feb 2, '87 PERMIT NO. 42

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1215 (Grasshopper) bear left at forks ~ 4th drive on left S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 429 SECTION OR BLOCK NO. 8

Building

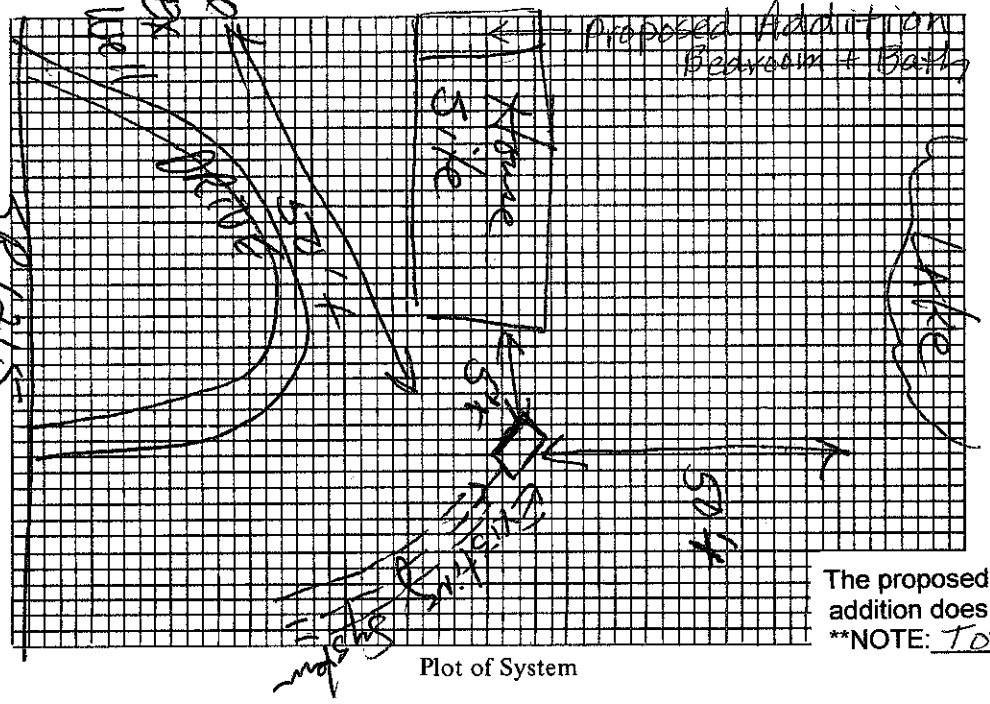
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	(✓)	No	( )	Character & Porosity of Soil
Auto. Dishwasher	Yes	(✓)	No	( )	Percolation Rate
Auto. Wash. Machine	Yes	(✓)	No	( )	Topography
Site Suitable	Yes	( )	No	( )	Depth to Water Table
					Rock or other impervious formations

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

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

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

The proposed / existing Bed & Bath addition does not appear to impact the existing septic system.
**NOTE: Total 3 bedrooms

Judy Melville R.S.
Date: 4-20-12
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system OK at time of inspection
Mobile home to be moved off when house is completed.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: J R Hinson RS. DATE Feb 2, '87

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