4635-56-2874

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

Elliott

CONTRACTOR Mady Construction DATE 2-26-86 PERMIT NO. 86

Business _____ Home _____

LOCATION 1100 ft SR 1112 to SR 1257 (Shore Line Drive) 1/4 mile on left (near PAVEMENT END) S. R. No. _____

SUBDIVISION NAME Imperial Point LOT NO. 7 SECTION OR BLOCK NO. _____

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

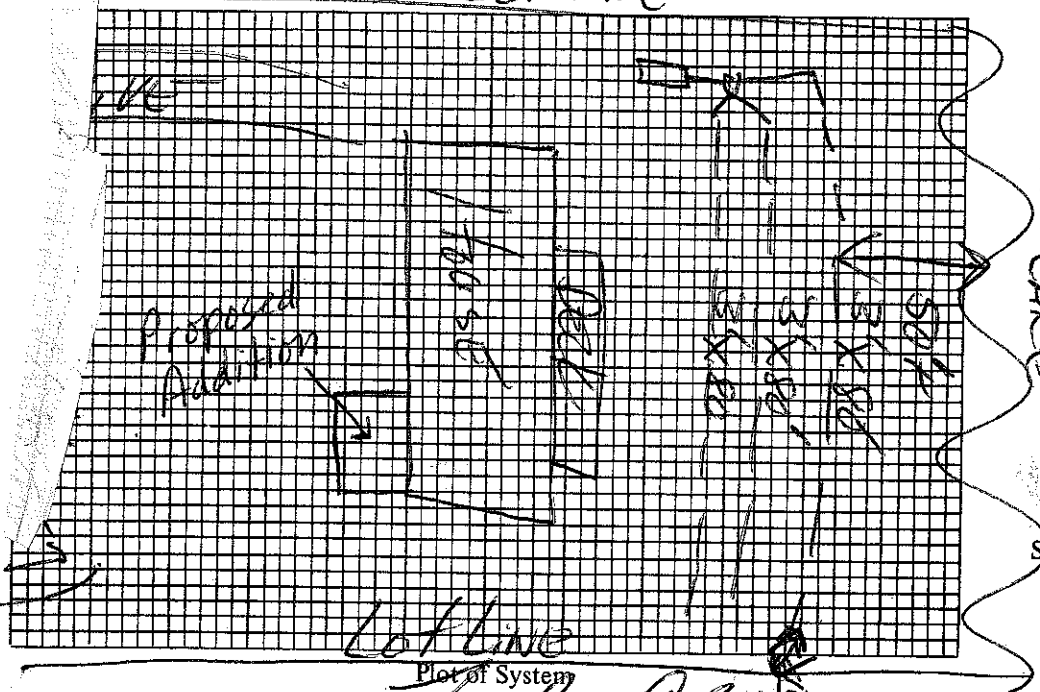
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Dishwasher Yes (X) No ( )
Wash. Machine Yes (X) No ( )
Sanitable Yes (X) No ( )

Area 20,000 FT²

Character & Porosity of Soil Clay loam
Percolation Rate 2-5 gal/ft²/day
Topography 2-6%
Depth to Water Table 4'
Rock or other impervious formations None obs.

Basement with Plumbing ____ Basement without Plumbing ____ No Basement X



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3
No. of Lines
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Charlie Ballard

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Well not down yet

The proposed / existing Bedroom & Bath addition does not appear to impact the existing septic system.
**NOTE: No increase in number of bedrooms
stay 25' from well

Judy Melville R.S.
Date: 6-17-13
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 2-26-86

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