4635697170

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 Herbert Klippel DATE 6-29-83 PERMIT NO. 215

PHONE: Business _____ Home _____

LOCATION 1105 N 1112 N 2nd 1212 N Langsdale 2nd house on Lt. S. R. No. _____

SUBDIVISION NAME Commodore Pen. LOT NO. 95 SECTION OR BLOCK NO. _____

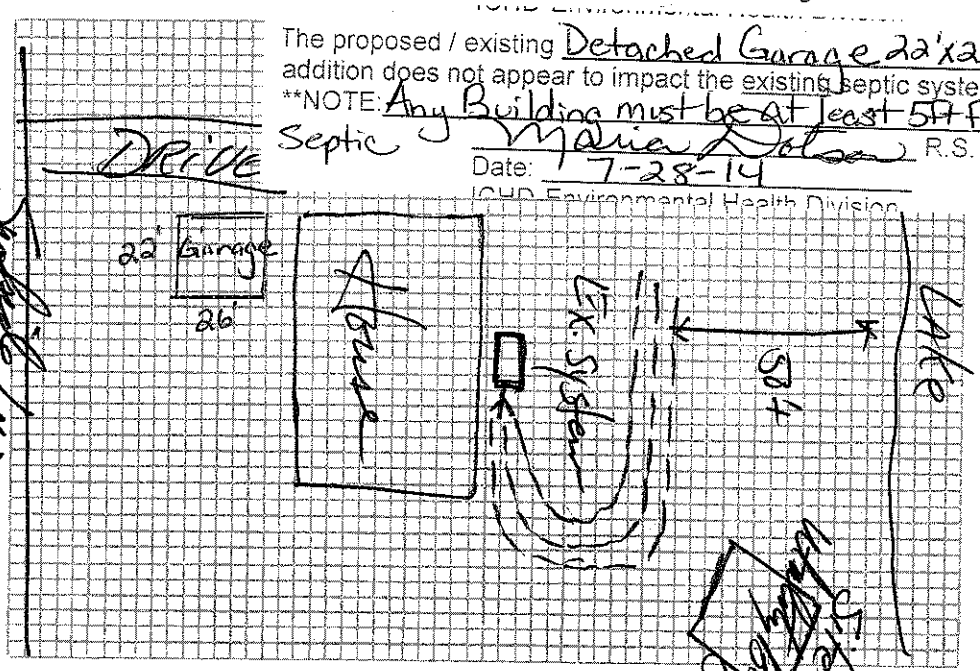
House (✓) Mobile Home ( ) Business ( ) Other Adding Utility Bldg

No. Bedrooms _____ No. Bathrooms _____
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 _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



The proposed / existing Detached Garage 22'x26' addition does not appear to impact the existing septic system.
**NOTE: Any Building must be at least 5ft from Septic
Marina Dotson R.S.
Date: 7-28-14
ICHD Environmental Health Division

Plot of System

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: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system ok at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: _____ DATE 6-29-83

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