4637 II 41 0900

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 GERALD HELMS DATE 8-18-87 PERMIT NO.

PHONE: Business Home

LOCATION 1100 TR 1250 (OAK TREE) BEAR LEFT near end ~ 1/2 mile on Rt. Long Gray House S. R. No.

SUBDIVISION NAME CL&T Lake Norman LOT NO. 213 SECTION OR BLOCK NO. 9

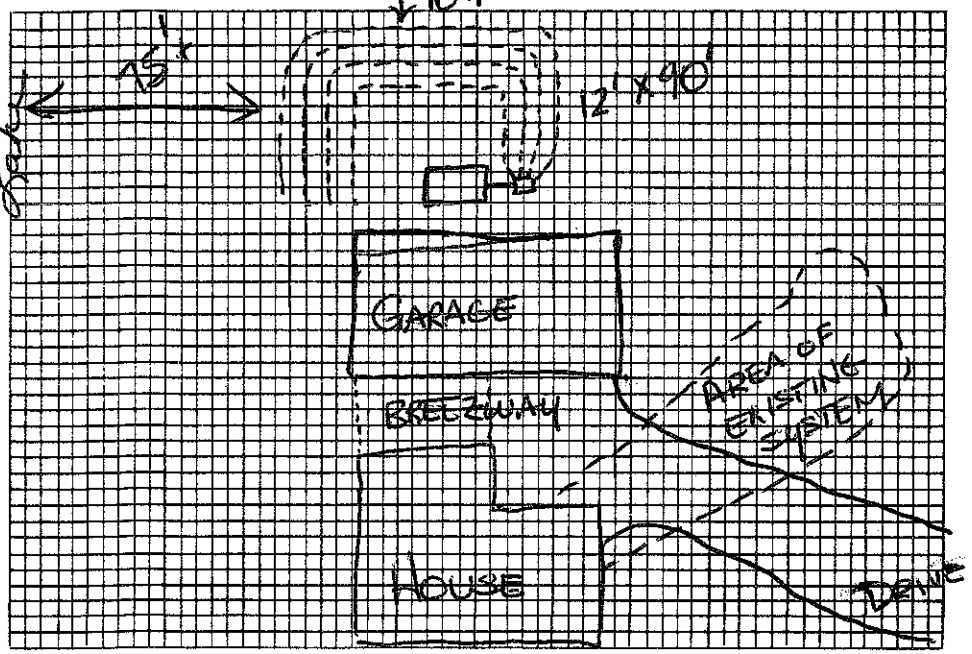
House (✓) Mobile Home ( ) Business ( ) Other Garage Addn - Washer & Dryer & 1 Bathroom upstairs - Storage only

No. Bedrooms No. Bathrooms

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	N.2-3
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-4%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	3'+
			Rock or other impervious formations	none obs.

Lot Area lot line

____ Basement with Plumbing 10'+ Basement without Plumbing ____ No Basement



Plot of System N.T.S.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4 (12'x90' Bed)
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Dellinger Grading

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

Signed:

IMPROVEMENTS PERMIT BY DRH owell (existing)

COMMENTS:

The proposed / existing COVERED WALKWAY addition does not appear to impact the existing septic system.

**NOTE:

Date: 4-4-14 R.S.

ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Andrea C. Pence DATE 8-18-87

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