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

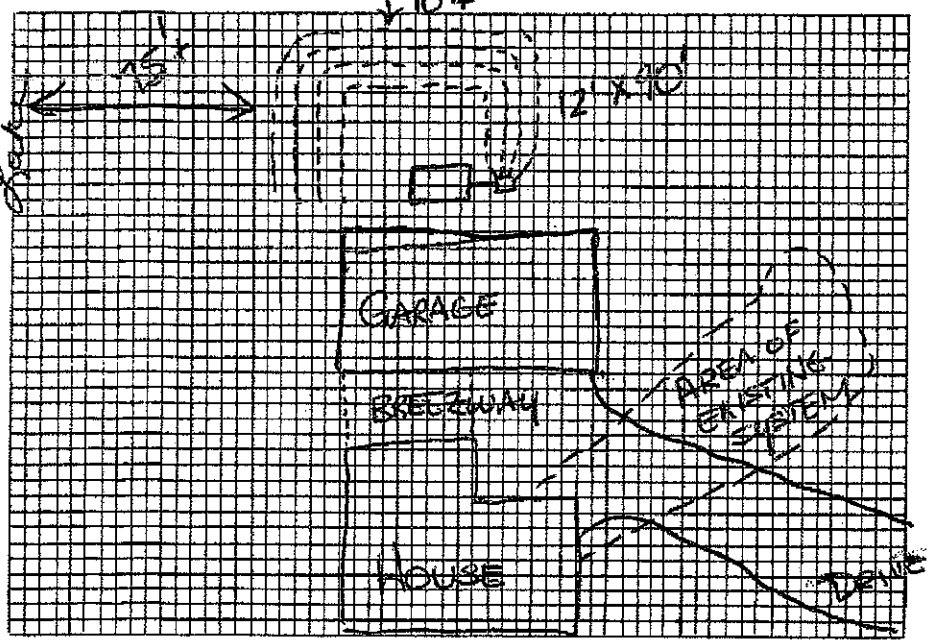
House (✓) Mobile Home ( ) Business ( ) Other Garage Addn - Washer & Dryer & 1 Bathroom upstairs - Storage only

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 0 well (existing)

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

DA Lee R.S.

Date: 4-4-14
ICHD-Environmental Health Division

The proposed / existing Expansion of Exist Bedroom addition does not appear to impact the existing septic system.
**NOTE: Number of Bedrooms cannot exceed 3 Bedrooms
#204690
Maya Dotson R.S.
Date: 8/18/14
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Andrew C. Pruett 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