4639 79 8257

IREDELL COUNTY HEALTH DEPARTMENT

12170

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR George David Neill DATE Feb. 27, '91 PERMIT NO. 3FA-44A

PHONE: Business _____ Home _____

LOCATION 1303 N. TL 1403 (Neill Farm Rd.) ~500' on Right
184 Neill Farm Rd S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

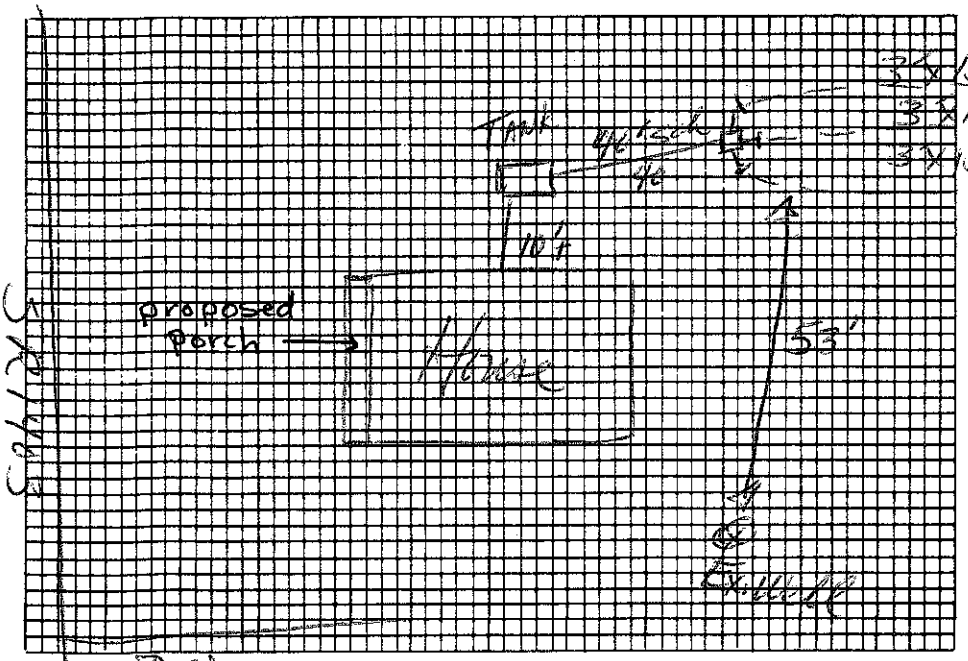
No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	

Lot Area ~8 Ac

Character & Porosity of Soil PS clay
Percolation Rate 2, 3.5 - 4
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1350 Linear Ft. 450
Depth of Stone in Lines 12"
Water Supply: Individual (✓) Existing
Public ( )

Installed by FJ Grivas

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

The proposed / ~~existing~~ Front Porch addition does not appear to impact the existing septic system.
**NOTE: No Rear Deck Construction

Judy Melville R.S.
Date: March 1, 2013
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY David R. Hinson, EHT DATE Feb. 27, '91

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