4645083826

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 Reott DATE 12/20/88 PERMIT NO. 21C

PHONE: Business _____ Home _____

LOCATION 21S TL Alcove TR Templeton TR
Irish TL Lakefront 2nd Hse. on L. S. R. No. _____

SUBDIVISION NAME RA White LOT NO. 19 SECTION OR BLOCK NO. _____
138 Lakefront Dr.

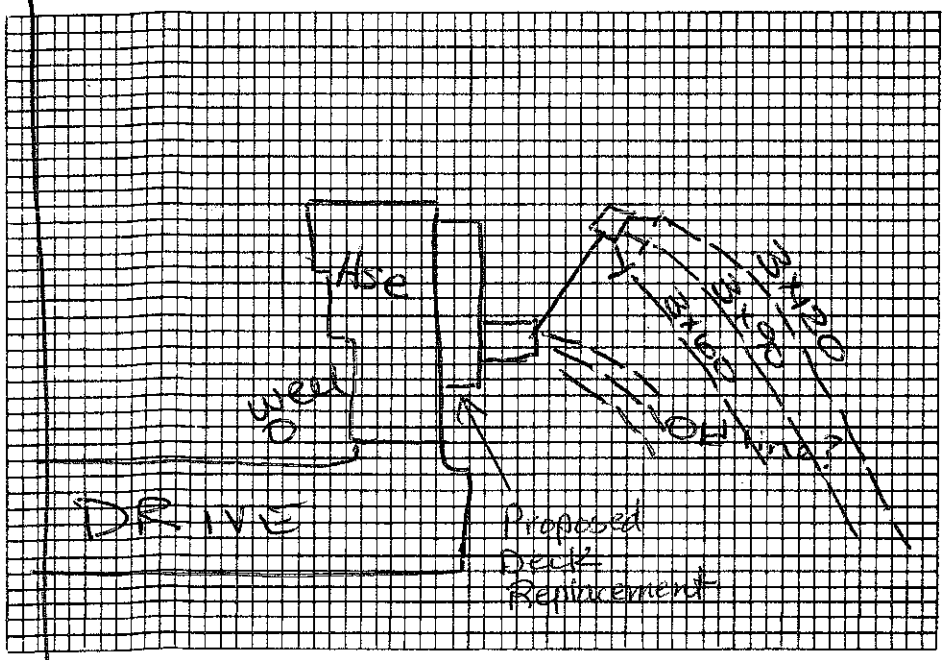
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2-3
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes (existing) No ( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography existing system
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area existing

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 810 Linear Ft. 270
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by M. Hagen

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: neat job

The proposed / existing Deck addition does not appear to impact the existing septic system.
**NOTE: Replace existing deck

Judy Melville REHS
Date: 5-5-11
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Andrea A Rein DATE 12/20/88

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