4646-04-9434

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 Robert Ennen DATE 7-17-85 PERMIT NO. 318

PHONE: Business _____ Home _____

LOCATION 1100 R1179 to 1207 to R1264 (Crystal Circle) Lot on left About ¾ WAY ARROUND circle S. R. No. _____

SUBDIVISION NAME Crystal Bay LOT NO. #35 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3½

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000 Ft²

Character & Porosity of Soil Clay

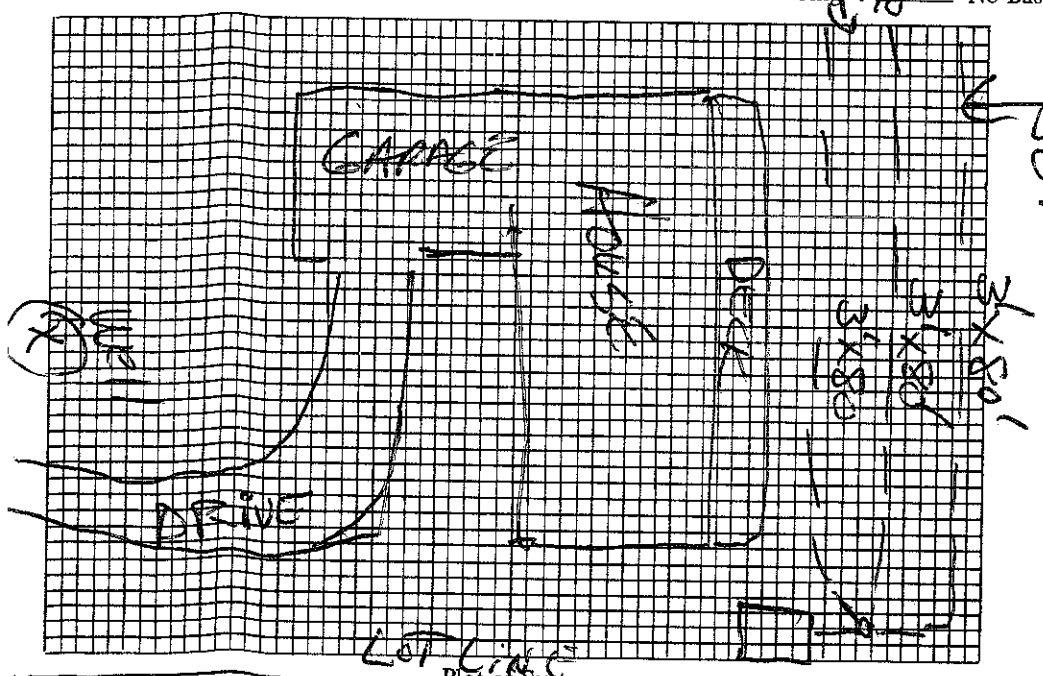
Percolation Rate 10-18 MPI

Topography Hilly

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 1500 Gals.

Nitification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12

Water Supply: Individual (X) Public ( )

Installed by Wilfred Bridges

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

ICHD-Environmental Health Division

COMMENTS: The proposed / existing Deck Addition Replacement addition does not appear to impact the existing septic system. **NOTE Must keep Deck "Footers" at least 5Ft from Septic

Date: 5/30/2012

ICHD Environmental Health Division

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 7-17-85

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