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 Zeb Poole DATE 10-7-81 PERMIT NO. 323

PHONE: Business _____ Home _____

LOCATION 159 W. TR 1467 TR 1395 TR 1442 (Big Indian) 2.6 mile on left S. R. No. _____

SUBDIVISION NAME L.V. LOT NO. 52 SECTION OR BLOCK NO. 12

557 Big Indian Loop

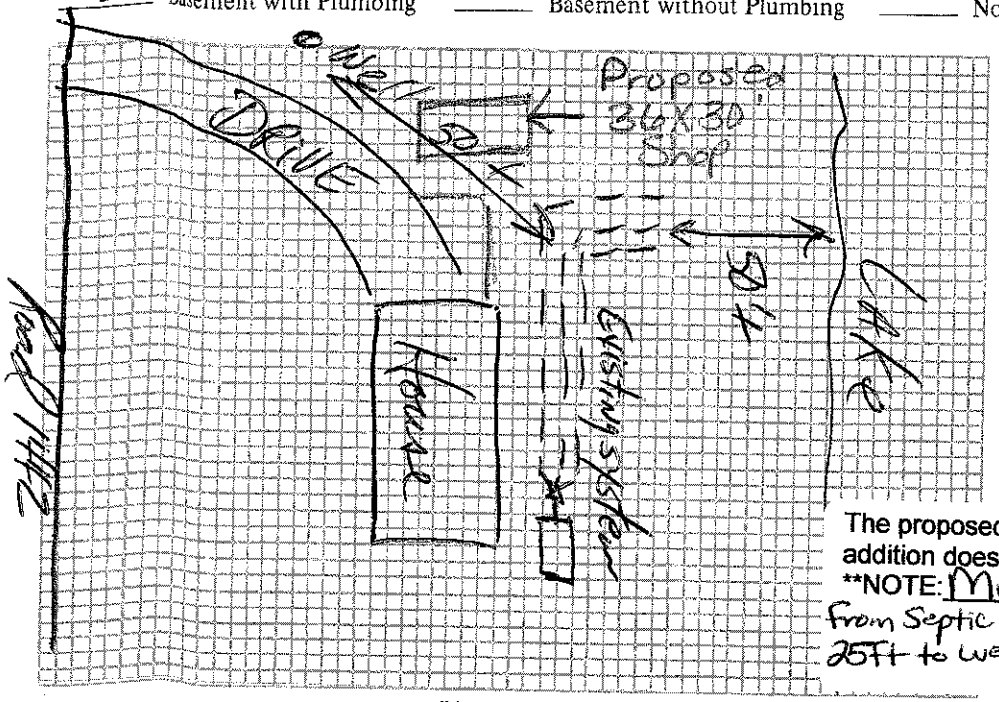
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area ½ - ¾ AC.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

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

The proposed / existing 36'x 30' Shop (Detached) addition does not appear to impact the existing septic system.
**NOTE: Must keep any Building at least 5Ft from Septic & 25Ft to well

Maria Watson R.S.
Date: 2/15/13
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system OK

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: David Hinson DATE 10-6-81

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