→NEW PIN 4654 39 3408

IREDELL COUNTY HEALTH DEPARTMENT

12570
NEW→154030

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Steve W. Treadaway DATE April 8, '91 PERMIT NO 2A-C-22

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1137 (Midway Lake Rd.) ~1/4 mile on Right

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 37 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other replacing house

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Percolation	
Auto. Dishwasher	Yes ( )	No (✓)	Topography	
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to W:	
Site Suitable	Yes ( )	No ( )	Rock or oth	

Lot Area Existing (prior to 77)

The proposed HOUSE ~~addition~~ does not appear to impact the existing septic system.

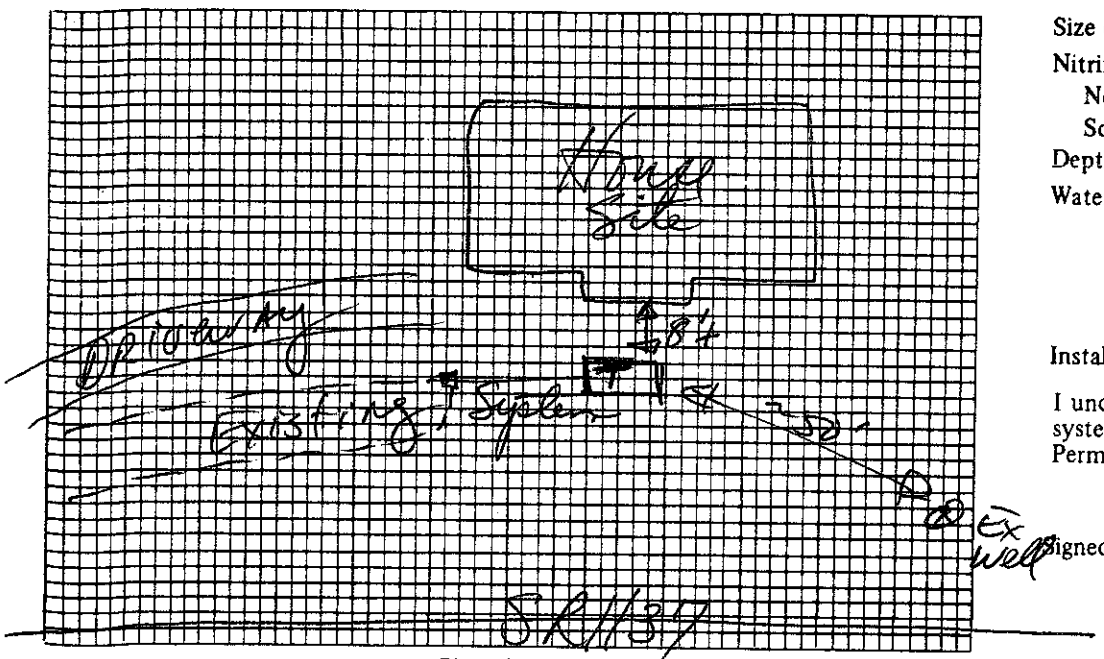
**NOTE: OLD PERMIT NOT NEW #'S

Wesley Hooks R.S.

Date: 11/16/08

ICHD-Environmental Health Division

_____ 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 (✓ on adjacent lot)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of Inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____, EHT DATE 4/8/91

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