10067. PIN 4701 98 0632 ~~3432~~ 116 Lake Top Ln. Statesville

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 GARY HUNT DATE 11-26-89 PERMIT NO. C14

PROPERTY: Business _____ Home ✓

LOCATION Eagle Rd. off Buffalo Shoals Rd. go one mi. FTL. on Carriage Rd. Next Rd. FTR. 1st Left - 100 yards on R. S. R. No. _____

SUBDIVISION NAME LOT OF THE LAKE. LOT NO. 4 SECTION OR BLOCK NO. _____

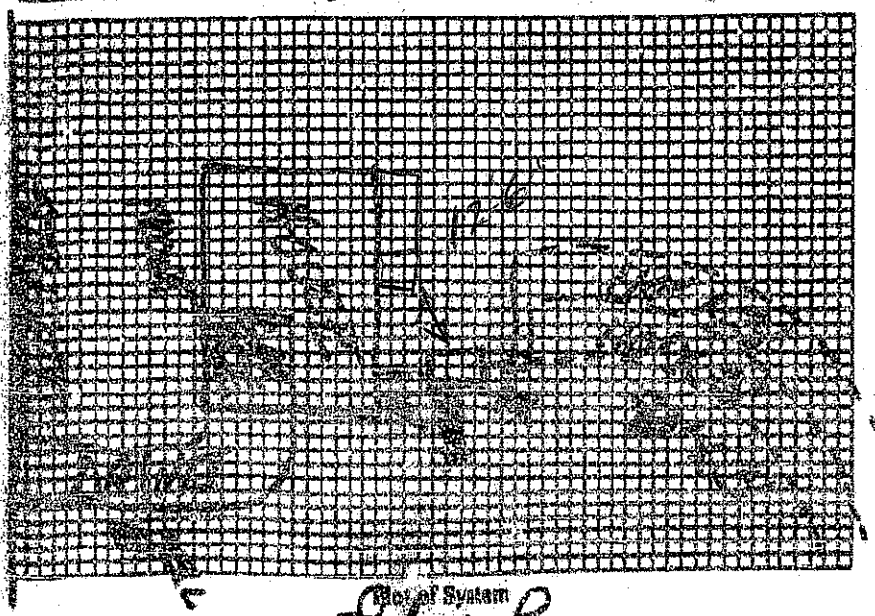
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil Gray Suitable
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 40 MPI
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 36"
			Rock or other Impervious formations None Observed

Lot Area Ample.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1250 gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 700 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Plot of System

Installed by James Hudder

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brewer

OCT - 7 2013

COMMENTS: _____

Location of the proposed Sunroom addition does not appear to impact the existing on-site septic system.**NOTE: _____ REHS

Date: 10-10-13
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Steve Brewer DATE 10-16-89

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