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 Dan Henderson DATE 10-15-08 PERMIT NO. _____

PHONE: Business _____ Home 704-528-5827

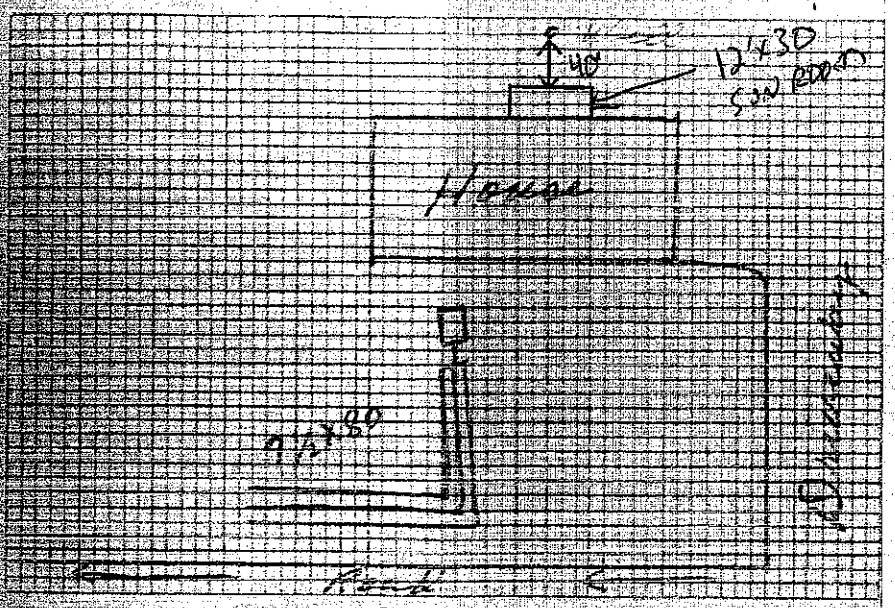
LOCATION 644 Mountain Ridge Road Statesville NC Take I-77 to Exit 54 Left Rd. Ends Home on R S. R. No. _____

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

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

No. Bedrooms 3	No. Bathrooms 2	Character & Porosity of Soil	Fine Silty
Garbage Disposal Unit	Yes ( ) No ( )	Percolation Rate	72 Min Per Inch
Auto. Dishwasher	Yes (X) No ( )	Topography	Slight Slope, Level to Front
Auto. Wash. Machine	Yes (X) No ( )	Depth to Water Table	Low
Site Suitable	Yes (X) No ( )	Ledge or other impervious formations	None

Lot Area 22 Acres +/-



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 24"
Water Supply: Individual (X)
Public ( )

Installed by Lane Plumbing

IMPROVEMENTS PERMIT BY E. G. Alexander

COMMENTS: Well 22' from Tank & Lines

CERTIFICATE OF COMPLETION BY E. G. Alexander DATE 10-15-08

The proposed 12'x30' Sunroom addition does not appear to impact the existing septic system.
**NOTE: Well PS 40' From Sunroom

E. G. Alexander R.S.
Date: 7-15-09
ICHD-Environmental Health Division

ABLE STATE AND LOCAL REGULATIONS

Installer's Copy: Pink Owner's Copy: Gold

MAR. 3, 1989 17:05