10392. Owen Abee 35015

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

Owen Abee

OWNER OR CONTRACTOR DAVID YOUNG DATE 2-2-90 PERMIT NO. 87-A-54

PHONE: Business _____ Home _____

LOCATION Lippard Farm Rd. off Island Ford Rd. - approx. 3/4 mi on R - 5th driv. - left on Oakwood.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

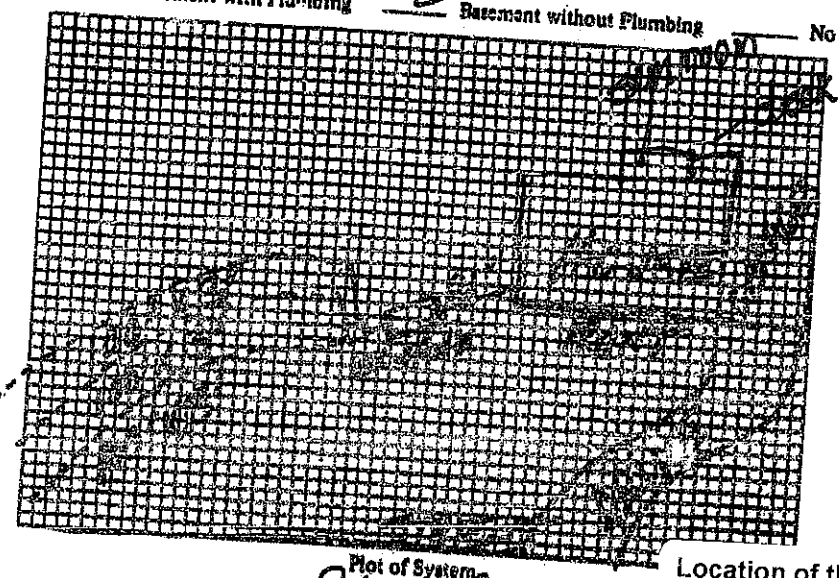
SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil Loamy Suitable
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate 2 min/in
Auto. Wash. Machine	Yes ( )	No ( )	Topography 2-10%
Site Suitable	Yes ( )	No ( )	Depth to Water Table 10+
Lot Area 290'X450'			Rock or other impervious formations none observed.

( ) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12

Water Supply: Individual ( )
Public ( )

Installed by Clinard Gilleland

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brewer

COMMENTS: _____

Location of the proposed DECK & SUNROOM addition does not appear to impact the existing on-site septic system.**NOTE: MINIMUM 5' FROM SYSTEM

R. STEVE HENDRICK REHS
Date: JUNE 19 2012
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Steve Brewer

EXISTING SYSTEM CHECKED BY: _____ DATE 2-2-90

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DAT _____

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