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. 97-A-54

PHONE: Business _____ Home _____

LOCATION Liggard Farm Rd. off Island Ford Rd. - 3/4 mi. on R - 5th dwr. - left on Oakwood.

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

SECTION OR BLOCK NO. _____

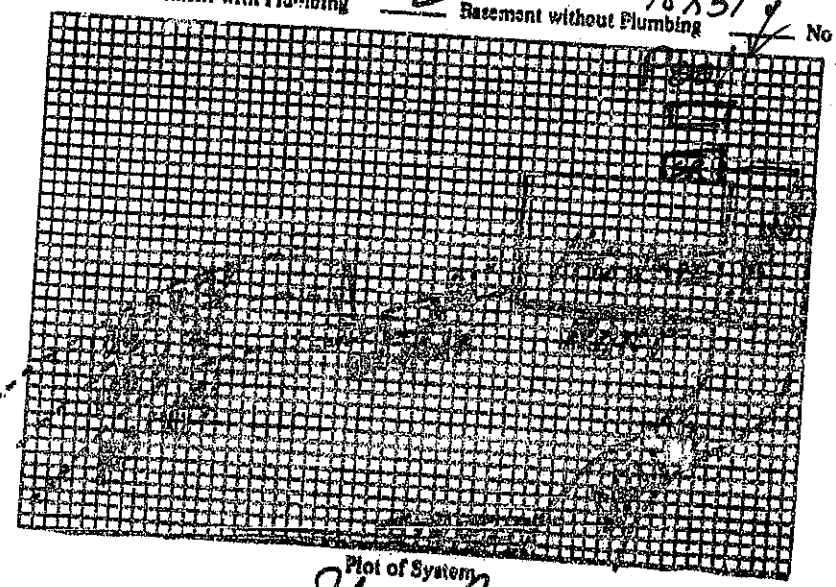
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 290'x450'

Character & Porosity of Soil Loam suitable.
Percolation Rate 2-60 Min./in.
Topography 2-8%
Depth to Water Table 18+
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing 18'x37' ✓ No Basement



Plot of System

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 Clint Hilliard

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

Location of the proposed 18'x37' pool addition does not appear to impact the existing on-site septic system.**NOTE: KEEP MIN. 15' FROM SYSTEM

R. STEVE HENDRICK REHS
Date: 7/13/2012
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Steve Brown

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

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

DATE _____

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