Location of the proposed 18×30 addition does not appear to impact the existing on-site septic system.**NOTE:

Date: 1-11-12 REHS
ICHD-Environmental Health Division

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 CLAUDIA BLACKSTOCK DATE 6-13-85 PERMIT NO.

PHONE: Business Home

LOCATION At end of dev. behind comm. well.

SUBDIVISION NAME SPRING SHORE S. R. No.

LOT NO. 39+40 SECTION OR BLOCK NO.

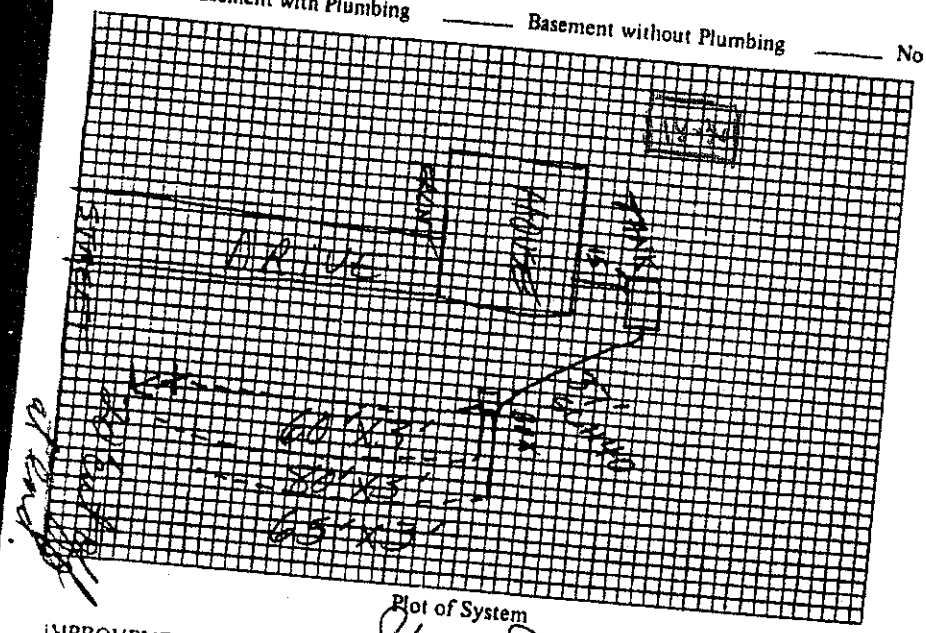
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 1.5

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

Character & Porosity of Soil
Percolation Rate
Topography
Depth to Water Table Repair
Rock or other impervious formations

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field: 3
No. of Lines
Sq. Ft. 615 Linear Ft. 205
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Barry Sigmon

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

Signed:

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: This is only a partial repair because of limited space, topography factors and distance to community well. Twenty feet of trench line was cut off at each in order to stay 100' from well.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: DATE 6-13-85

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