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 Richard M. Charles DATE 4-3-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn Rd, past Kyles Cross Rd, 1st paved rd on Right past the RR tracks, 4th house on left S. R. No. 2704

SUBDIVISION NAME Celeste Acres LOT NO. 20 SECTION OR BLOCK NO. _____

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

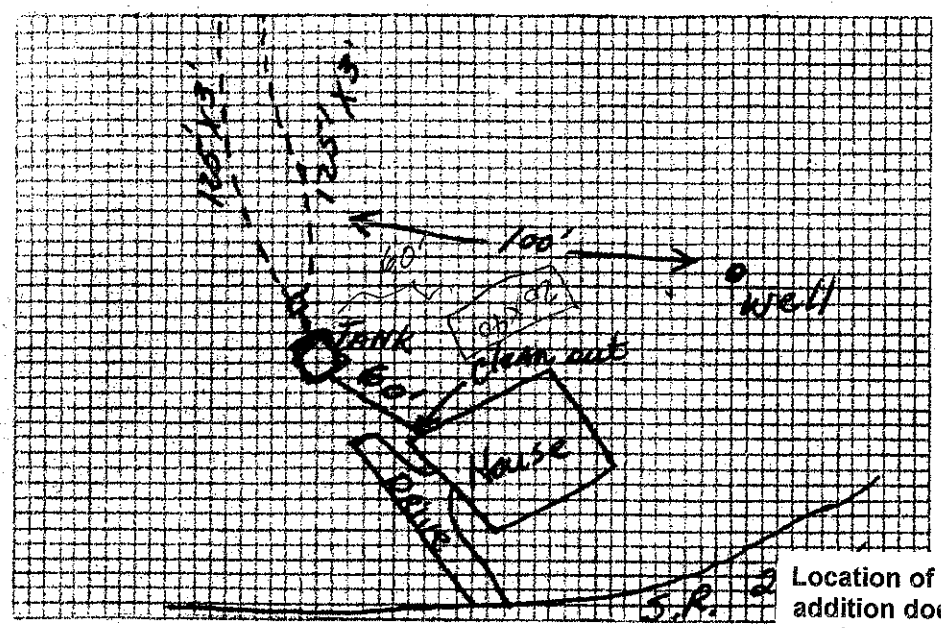
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Cecil clay
Percolation Rate 0.6 Appl. Rate
Topography 6 to 10%
Depth to Water Table 10' +
Rock or other impervious formations none observed

Lot Area > 2 ACRES

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Harlie Lackey

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

Signed: _____

Location of the proposed 20×40 pool addition does not appear to impact the existing on-site septic system.**NOTE:

Date: 4-26-13
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Tony L Price DATE 4-3-81

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