08870

# 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 JACKIE DELLINGER DATE 9-7-88 PERMIT NO. 14D

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. south of Kyles Xing approx. 3/4 mile on (R)

_____ S. R. No. _____

SUBDIVISION NAME A. RUMPLE ESTATE. LOT NO. 8 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Size Suitable Yes (✓) No ( )

Lot Area 1.75 acres.

Character & Porosity of Soil Prov. Suitable.

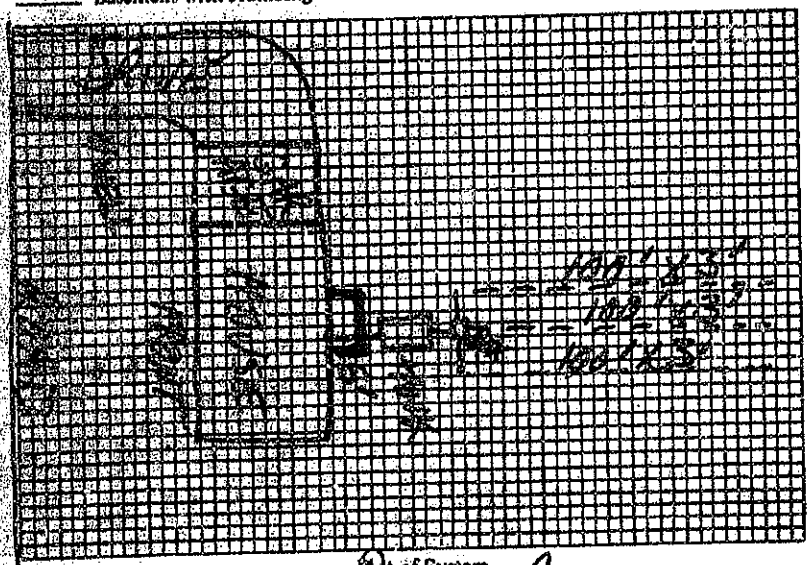
Percolation Rate 1 in/10 min.

Topography Level

Depth to Water Table 15'

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 Lines Ft. 300

Depth of Stone in Liner 12"

Water Supply: Individual (✓)

Public ( )

Installed by Mike Holland

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-7-88

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

Location of the proposed roof on existing patio addition does not appear to impact the existing on-site septic system.**NOTE: _____

_____ REHS

Date: 7-5-12

ICHD-Environmental Health Division