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 Buford Bellamy DATE Sept 17 '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2114 Kennedy Drive off Rita Avenue

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

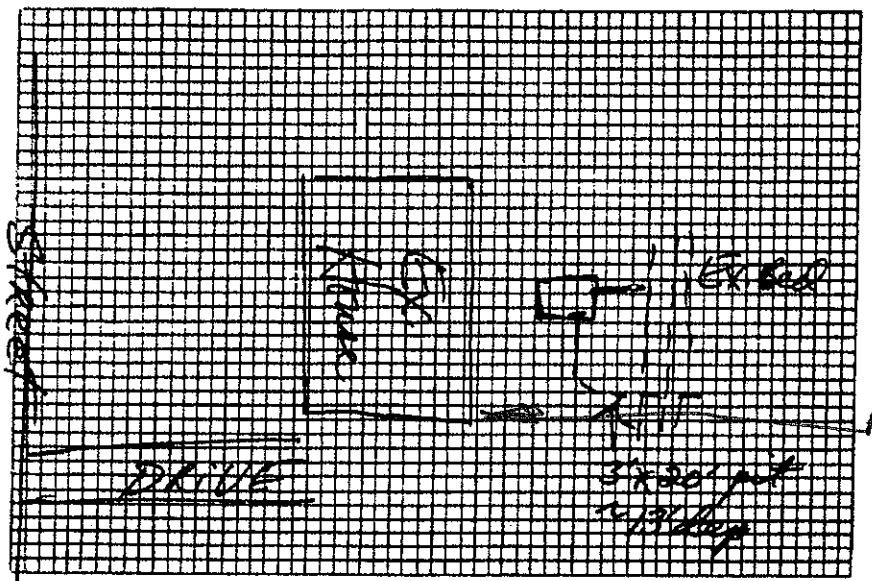
No. Bedrooms _____ No. Bathrooms _____

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

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

Lot Are: Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. _____ Linear Ft. ~20
Depth of Stone in Lines ~10 feet
Water Supply: Individual ( )
Public (✓)

Installed by Pat Miller

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: New tee set for pit and for ex. line

CERTIFICATE OF COMPLETION BY _____ DATE Sept 17, 87

EXISTING SYSTEM CHECKED BY: _____

CONSTRUCTION MUST COMPL[E]ATIONS.

Permit is VOID if any unauthorized changes at[king] Improvements Permit.

Health Dept. Copy: White Ins[old]

Location of the proposed ACCESSORY BUILDING addition does not appear to impact the existing on-site septic system.**NOTE: ON ADJACENT LOT

R. STEVE NEDDICK REHS

Date: 9/7/2012

ICHD-Environmental Health Division