06467

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 RAMADA MOOSE DATE 11-2-87 PERMIT NO.

PHONE: Business Home

LOCATION Hwy 115 N-T.L. on Lee Helms Rd - cross 901 115 F.L. on 1st st. R. on D.T. Lee - 1st house left on R.

S. R. No.

SUBDIVISION NAME WOODROSE PARK LOT NO. 63 SECTION OR BLOCK NO.

House ( ) Mobile Home ( ) Business ( ) Other

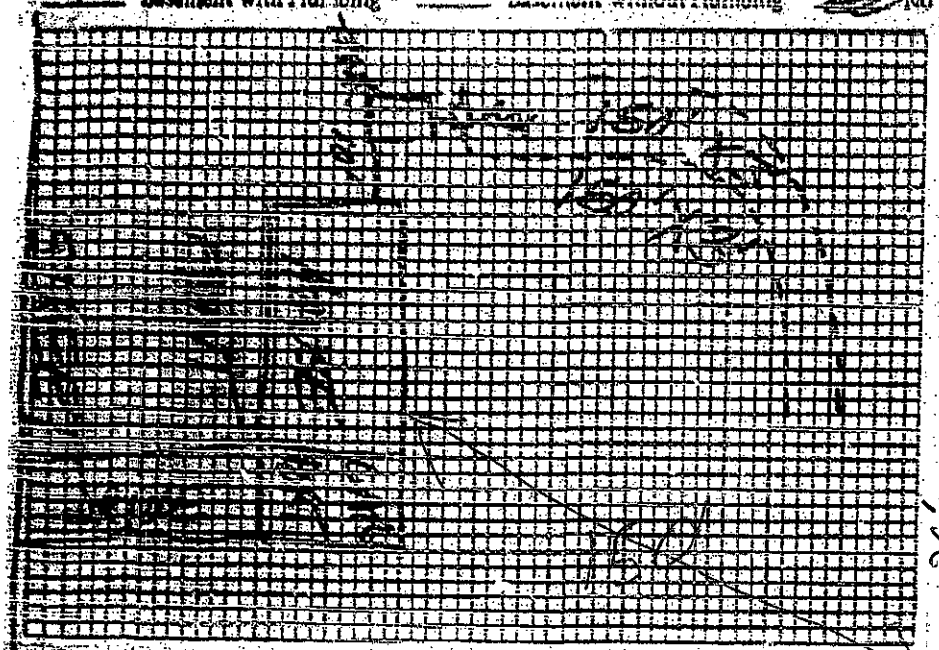
No. Bedrooms 3 No. Bathrooms 1.5

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

Lot Area Ample

Character & Porosity of Soil Prov. Suitable.
Percolation Rate 5 Col. / 18 pt
Topography 2 to 8 %
Depth to Water Table 10'+
Rock or other impervious formations none observed

Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public ( )

Installed by Tommy Collins

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

Signed: ____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: ____

The proposed / existing POLE BARN BUILDING addition does not appear to impact the existing septic system.
**NOTE: KEEP BARN MINIMUM 100' FROM SYSTEM

R. Steve Hedrick REHS
Date: JUNE 11 2010
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-2-87

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