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 9370 Timothy Parsons DATE 1/18/99 PERMIT NO. 96

PHONE: Business _____ Home _____

LOCATION 118 N on Lf Rt Rigid Rd 1st behind 2nd house

S. R. No. _____

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

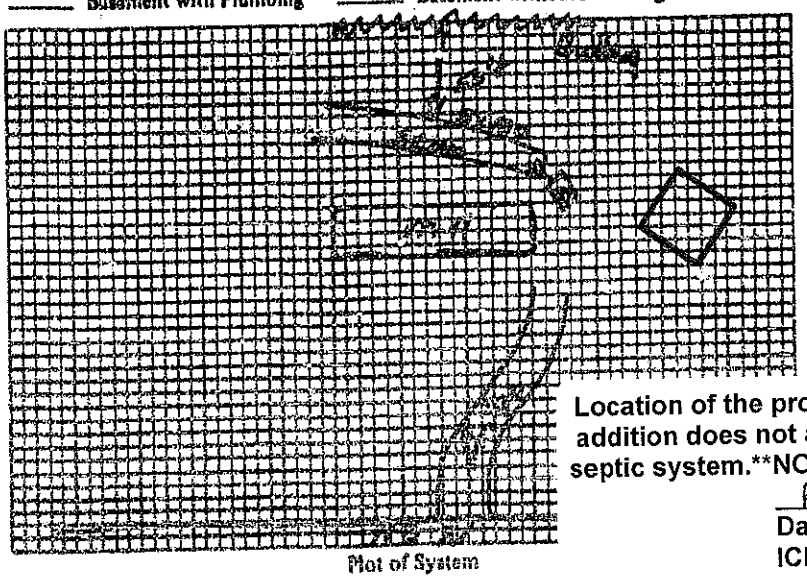
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Appr Suitable
Percolation Rate 24
Topography 2 to 8%
Depth to Water Table 10'
Rock or other impervious formations None

Lot Area 1.72ac

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Jamie Huddleston

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

Location of the proposed CARPORT / UTILITY BLDG. addition does not appear to impact the existing on-site septic system.**NOTE: KEEP MIN 5' FROM SYSTEM

R. STEVE HEADLEE REHS
Date: JUNE 1, 2012
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY Deborah T. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Moore DATE 1/28/99

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