02904

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 Lynn L. Edmisten DATE 5-9-05 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N- TR on SR 1896 Deming Rd / TR on SR 1896 Finding Rd Go 1/4 mile House on R of _____ S. R. No 1896

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

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 17.83 acres

Character & Porosity of Soil Clay Loam Sandstone

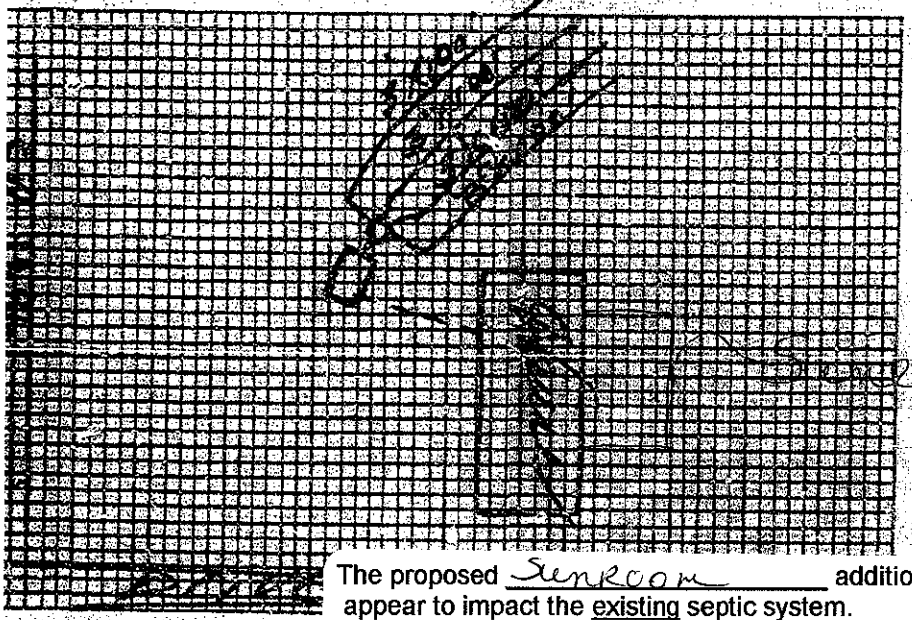
Percolation Rate 40 y 60 y 120

Topography Gently Rolling

Depth to Water Table 24"

Rock or other impervious formations Sandstone 72"

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Fred Sealan

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

Sign: _____

The proposed SunRoom addition does not appear to impact the existing septic system.

**NOTE: _____

IMPROVEMENTS PERMIT BY James Stuart R.S.

Date: 2-3-09

ICHD-Environmental Health Division

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5/9/05

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

JAN. 1, 1989 0:33