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 Walter K. Peteat DATE 6-26-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70 E TR on Shiloh Ch. Rd Cross 3rd creek Ini on left S. R. No. _____

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

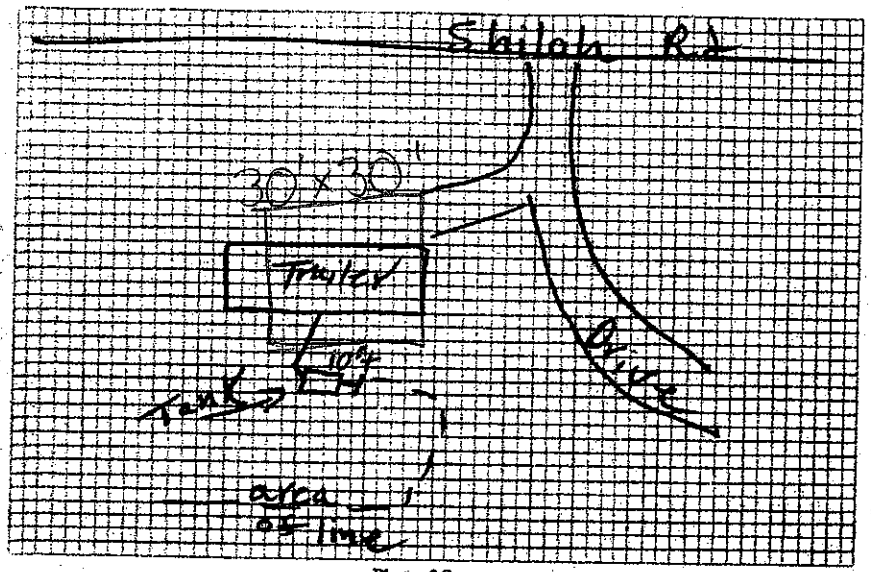
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area acreage

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



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by Clyde Hoke 1968

IMPROVEMENTS PERMIT BY _____

COMMENTS: System was working at time of inspection.

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 6-26-79

CONSTRUCTION M Location of the proposed storage building addition does not appear to impact the existing on-site septic system.**NOTE: _____ CAL REGULATIONS.

REHS

Health Dept. Cop Date: May 3, 2012 wner's Copy: Gold

ICHD-Environmental Health Division

Location of the proposed