12797

4776-62-9746

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 Thomas Collins DATE 5-8-91 PERMIT NO. IIF A 44

PHONE: Business _____ Home _____

LOCATION 64E To Swann Rd To McAllister 1/8mi on Rt S. R. No. _____

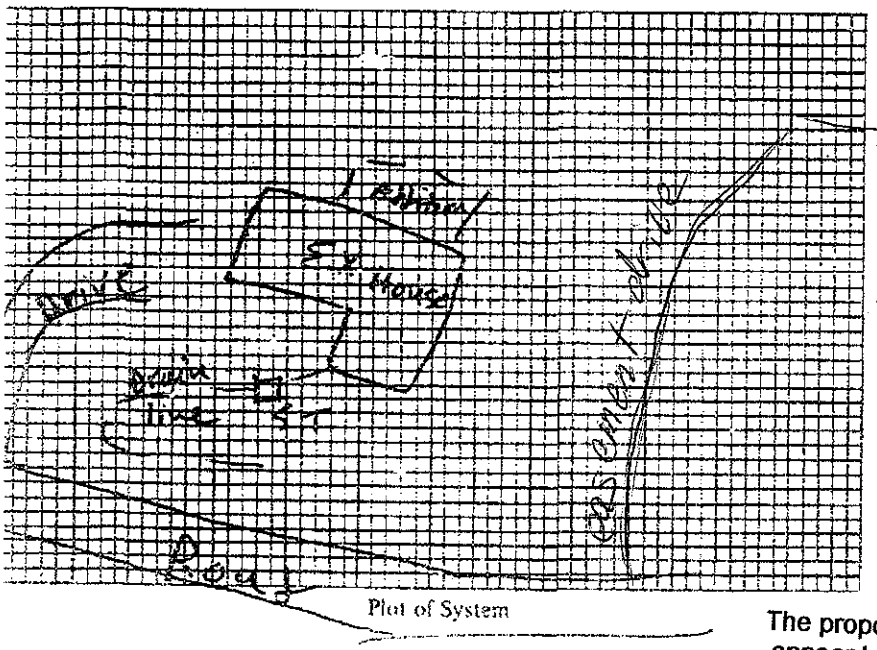
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Attchg Great Room

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

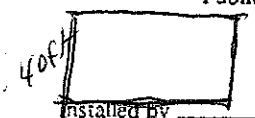
Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations Ex System

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



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 _____

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

11/26/08

Signed: Donna Steele

IMPROVEMENTS PERMIT BY _____

COMMENTS _____

The proposed Farm Building addition does not appear to impact the existing septic system.
**NOTE: _____

Judy Melville R.S.
Date: 11-26-08
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY J. C. Moore DATE 5-8-91

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.

JAN. 11, 1989 5:22