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 Ronnie Freeman DATE 9-18-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 641 S Turn 2155 1/2 mi on left

_____ S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1.94 acres

Character & Porosity of Soil _____

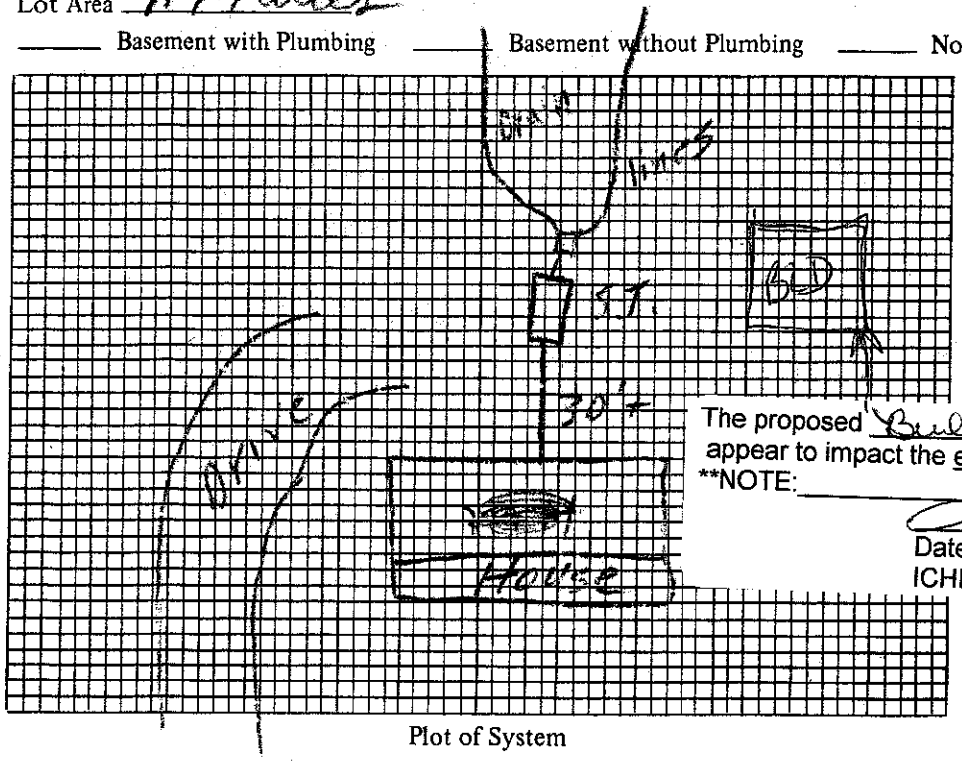
Percolation Rate _____

Topography Existing

Depth to Water Table _____

Rock or other impervious formations System

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Donald Lackey

8-5-09

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

**NOTE: _____ tank ments

Meg Cook R.S.

Date: 6-22-09

ICHD-Environmental Health Division

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. C. Moore DATE 9-18-84

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