The proposed outbuilding addition does not appear to impact the existing septic system.
**NOTE: R.S.
Date: 6-21-05
ICHD-Environmental Health Division

IREDELL COUNTY HEALTH DEPARTMENT

40319

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

12519
OWNER OR CONTRACTOR JACK P. WELLS DATE 6/14/91 PERMIT NO. 12E-1-A-38

PHONE: Business _____ Home _____

LOCATION US 21 N, TR BETHEL CH. RD., TL BETHEL PARK, TL LINDA LANE AT END OF CUL-DE-SAC S. R. No. _____

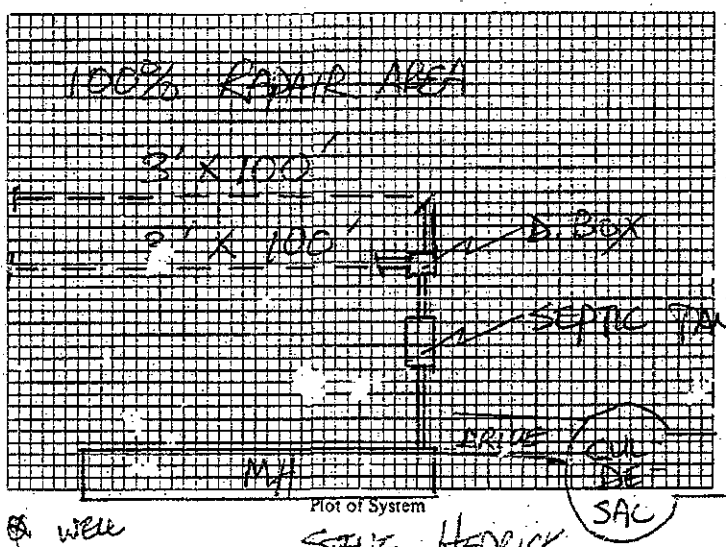
SUBDIVISION NAME BETHEL PARK LOT NO. 38 SECTION OR BLOCK NO. _____

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 AMPLE

Character & Porosity of Soil PS
Percolation Rate 4 GPD / FT2
Topography 6-8% LS
Depth to Water Table >4'
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ACP 5/2/91



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 12"
Water Supply: Individual (✓) WELL
Public ( )

Installed by JACK P. WELLS OWNER

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

Signed: _____

LINDA LANE

(✓) WELL
IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/14/91

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. 3, 1989 6:49