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 Steven Lambert DATE 11-14-05 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 S. TL on Sawtooth Rd - TL on Sunflower Rd - 1st House on Rt

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

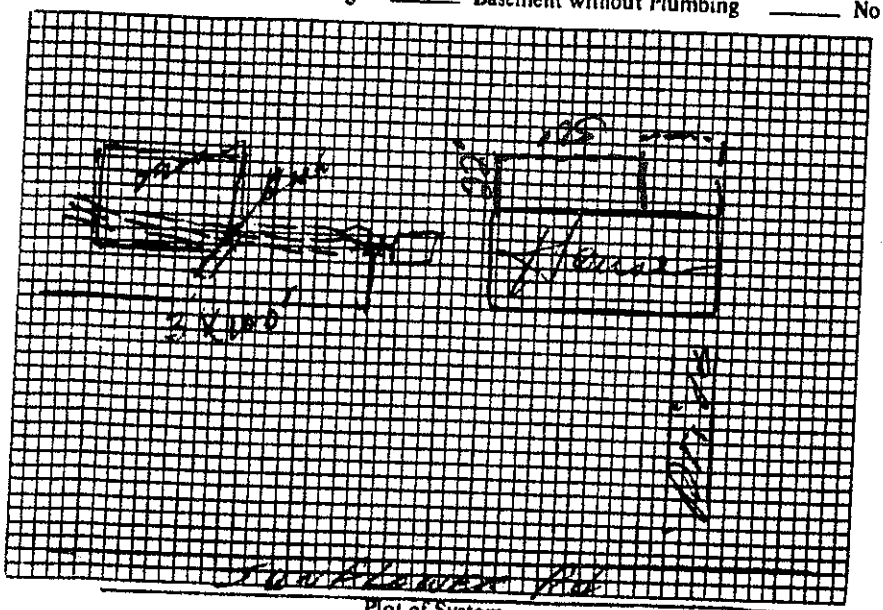
No. Bedrooms 2 No. Bathrooms 1

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

Lot Area _____

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

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (x)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

The location of the proposed porch/Sunroom addition does not appear to impact the existing septic system. **NOTE: _____

_____ REHS
Date: 4-19-11
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Steven Lambert DATE 11/14/05

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