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 Eddie Campbell DATE 12-10-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 145N - TL on SR 1582 at Cabel Bro. - TR on SR 1505 - TL 1st driveway Stay to Rt. to rear end of Rd. Mobile Home on left S R N. _____

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

House ( ) Mobile Home (✓) Business ( ) Other _____ Farm - Antenna

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 1/2 Acre

Character & Porosity of Soil Clay

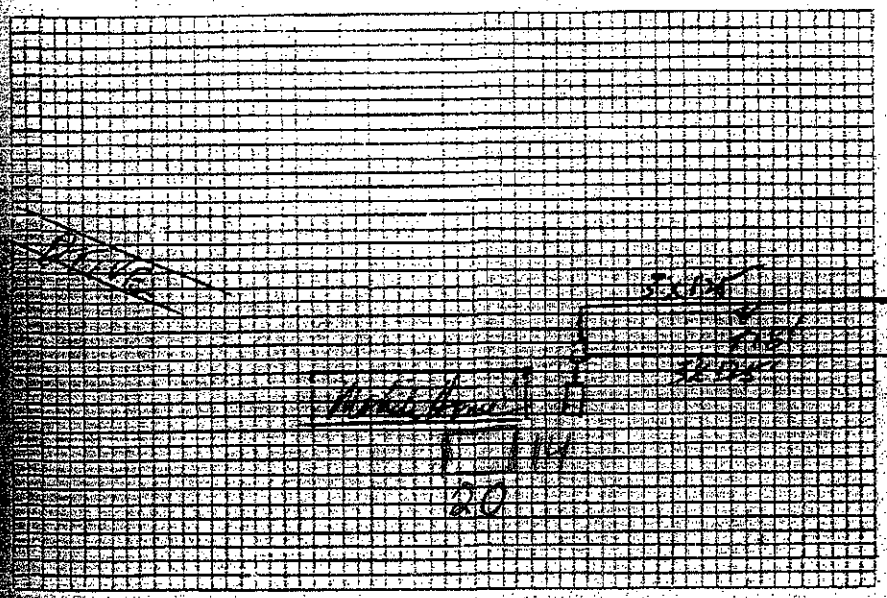
Percolation Rate _____

Topography 6-10% slope

Depth to Water Table _____

Rock or other impervious formations Rock encountered

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Harold Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

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

**NOTE: _____

R. STEVE HENDRICK REHS

Date: JUNE 28 2010

ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Solomon Sotelo DATE 12/16/81

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

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