41395

IREDELL COUNTY HEALTH DEPARTMENT

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

13520 OWNER OR CONTRACTOR LEON FOX DATE 4/10/92 PERMIT NO. 13M-A-52

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS ROAD, TL FRIENDSHIP CH. RD, ~ 2½ MILES ON (L) S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil PS

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate .35 GPD / FT2

Auto. Dishwasher Yes (✓) No ( ) Topography 4-6% LS

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 54"

Site Suitable Yes (✓) No ( ) Rock or other impervious formations NONE

Lot Area AMPLE

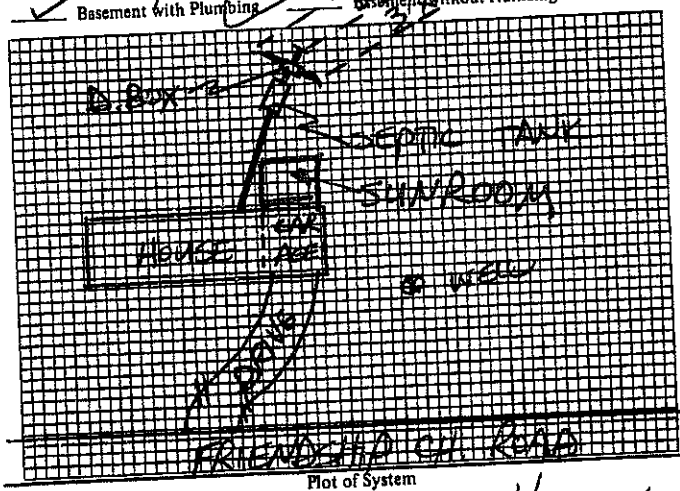
(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement

DELLINGER 2/19/92

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual (✓) WELL
Public ( )



Plot of System

Installed by WES LYTTON

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/10/92

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

Location of the proposed ENCLOSED SUNROOM addition does not appear to impact the existing on-site septic system.**NOTE: KEEP MIN. 5' FROM SYSTEM

Rc STEVE HEDRICK REHS

Date: JULY 13, 2012

ICHD-Environmental Health Division