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 FRANK HOLLAND DATE 11-2-'77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION OLIN – TURN RT. ON RD# 1887 – 2ND HOUSE ON RT.

S. R. No. 1887

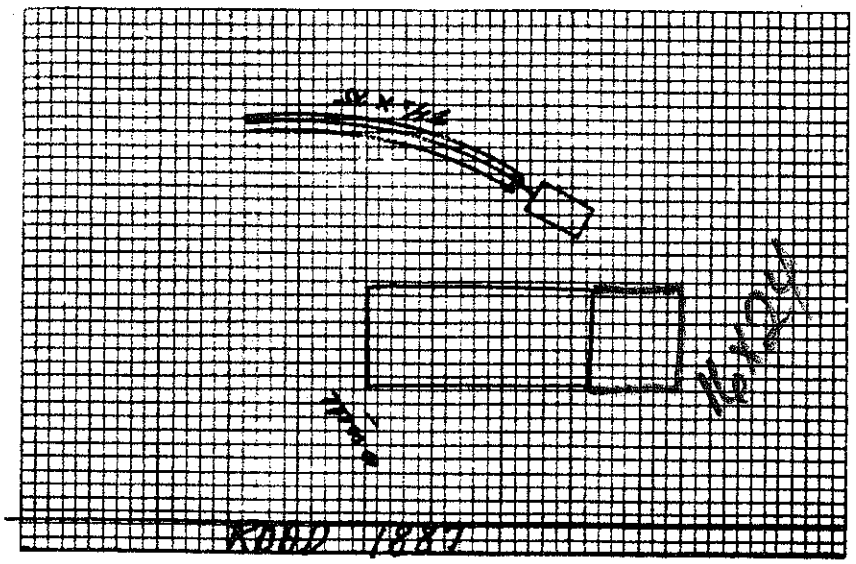
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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 AVERAGE

Character & Porosity of Soil Good
Percolation Rate Good
Topography Slight Slope To Back
Depth to Water Table Good
Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 525 Linear Ft. 225
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Raymond Adams
Hildate, NC.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

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

R. STEVE HEDRICK REHS
Date: JUNE 1, 2012
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Steven Taylor DATE 11-3-7

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold