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 Harold Patton DATE 6-4-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N - Thru Statesville - TL on SR 1845 2nd or 3rd RR TR on paved drive ½ mile from SR 1890 - House at end of Rd.

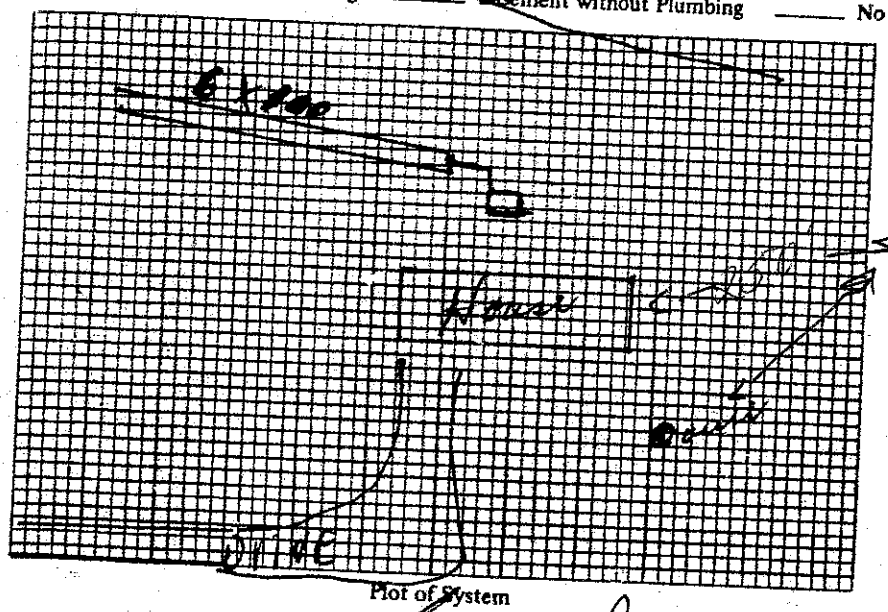
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Fair to Rolling
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
Lot Area			Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Allen Hyde

COMMENTS: Stay near existing surface of ground near creek

Location of the proposed 12'x24' out building addition does not appear to impact the existing on-site septic system.**NOTE: > 20' from well, septic

CERTIFICATE OF COMPLETION B _____ REHS _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST _____ REGULATIONS.

Permit is VOID if any unauthorized cl
Improvements Permit.

Date: 6 December 2011
ICHD-Environmental Health Division

...supplied in making

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

7/1749