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 Mrs George Leach DATE 1 Mar 77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21 N to Powell Bridge Rd (2120) to 1st driveway on right after passing creek. 2nd house on driveway S. R. No. _____

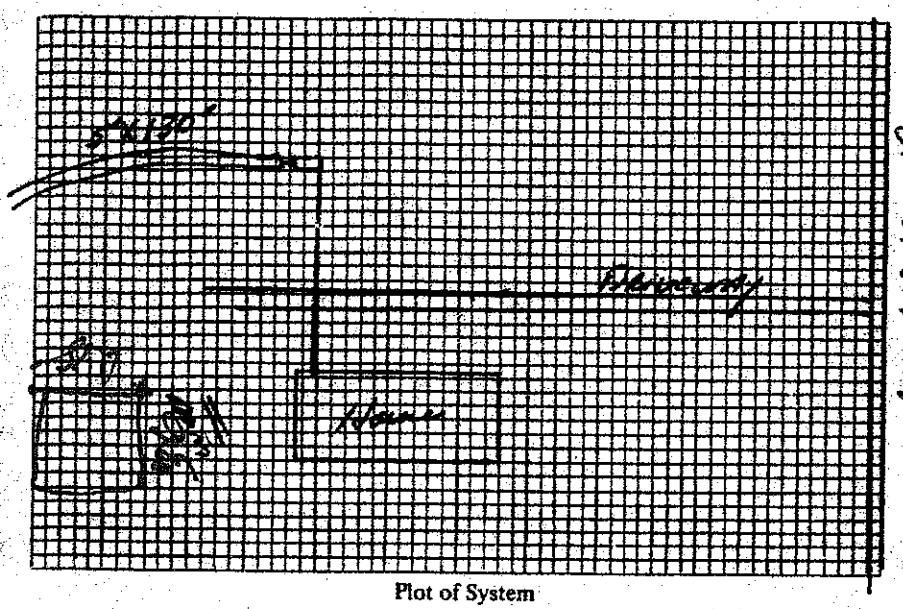
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	none
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6% slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	2'
			Rock or other impervious formations	2'

Lot Area acreage



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by J. W. Jones

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY W. M. Howard DATE 1 Mar 77

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

Health Dept. Copy: White Inspection De

The location of the proposed OUT BUILDING addition does not appear to impact the existing septic system.
**NOTE: BUILDING MUST BE MINIMUM 25' FROM WELL

R. STEVE HEDRICK REHS
Date: 9-30-2010
ICHD-Environmental Health Division