IREDELL COUNTY HEALTH DEPARTMENT

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

DATE 2 11 87 PERMIT NO. 88

OWNER OR CONTRACTOR Terry Keller

PHONE: Business _____ Home _____

LOCATION 21N R9a1 Ashford Int Ike and Pat Rocksprings Rd S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Character & Porosity of Soil Clay Suitable
Percolation Rate _____
Topography Slope
Depth to Water Table _____
Rock or other impervious formations Scattered Rock

Lot Area 2 Acs

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

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 240 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by Donald Lakey

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Abbott & Howell

COMMENTS: Sunroom Deck to 45' from system Both Anderson

DATE 2-11-87

CERTIFICATE OF COMPLETION BY DHowell DATE _____

EXISTING SYSTEM CHECKED BY: _____

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 Improvement Permit.

White Pink Owner's

Location of the proposed Sunroom addition does not appear to impact the existing on-site septic system.**NOTE:

REHS

Date: 10-22-13

ICHD-Environmental Health Division