IREDELL COUNTY HEALTH DEPARTMENT 4626426439

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

OWNER OR CONTRACTOR James Kunkle DATE Dec 11, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chukwood) TR Seagrave TR Lakeland
~ 1/8 mile on Rt. S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 32 SECTION OR BLOCK NO. _____

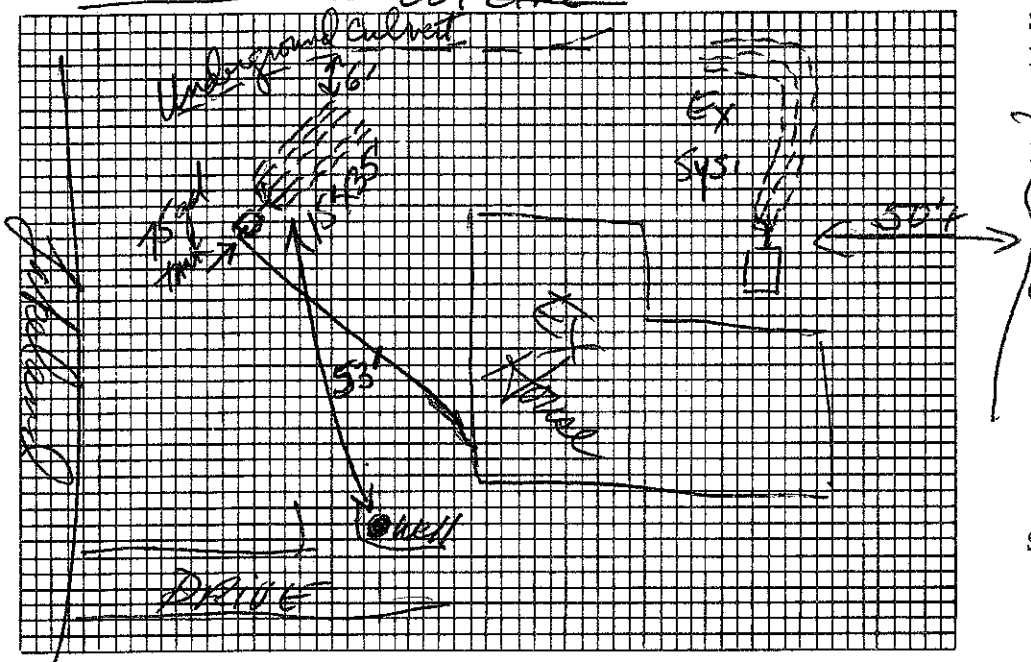
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	#3-4
Auto. Wash. Machine	Yes ( )	No ( )	Topography	4-8% complex
Site Suitable	Yes ( )	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none obs.

Lot Area Existing

_____ Basement with Plumbing LOT LINE Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 75 Gals.

Nitrification Field:
No. of Lines 5'x35' Bed
Sq. Ft. 525 Linear Ft. 175
Depth of Stone in Lines 12"+

Water Supply: Individual (✓)
Public ( )

LAKE

Installed by H J Ewen

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Direction of repair drainfield had to be changed to avoid underground drainage pipe -

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 12-11-87

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

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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

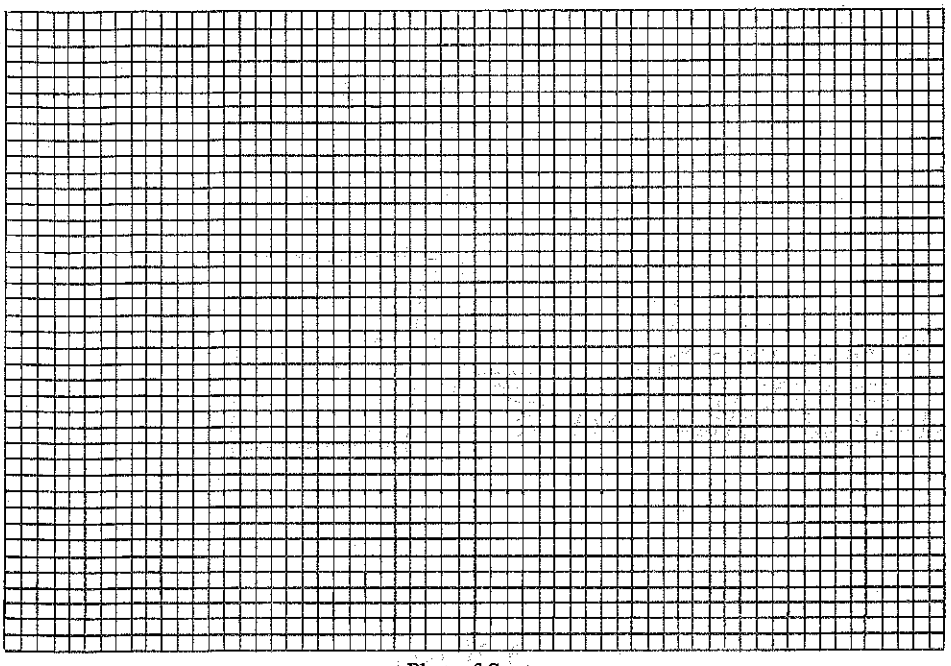
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

_____

_____

_____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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