4626527074

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 Chuck Hietmark DATE 8-30-85 PERMIT NO. 377

PHONE: Business _____ Home _____

LOCATION 1109 TR 1100 TR on Chuckwood 1177 TR on Seagrove go to end TR last lot on left S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 849 SECTION OR BLOCK NO. _____

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

No. Bedrooms 5 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 _____

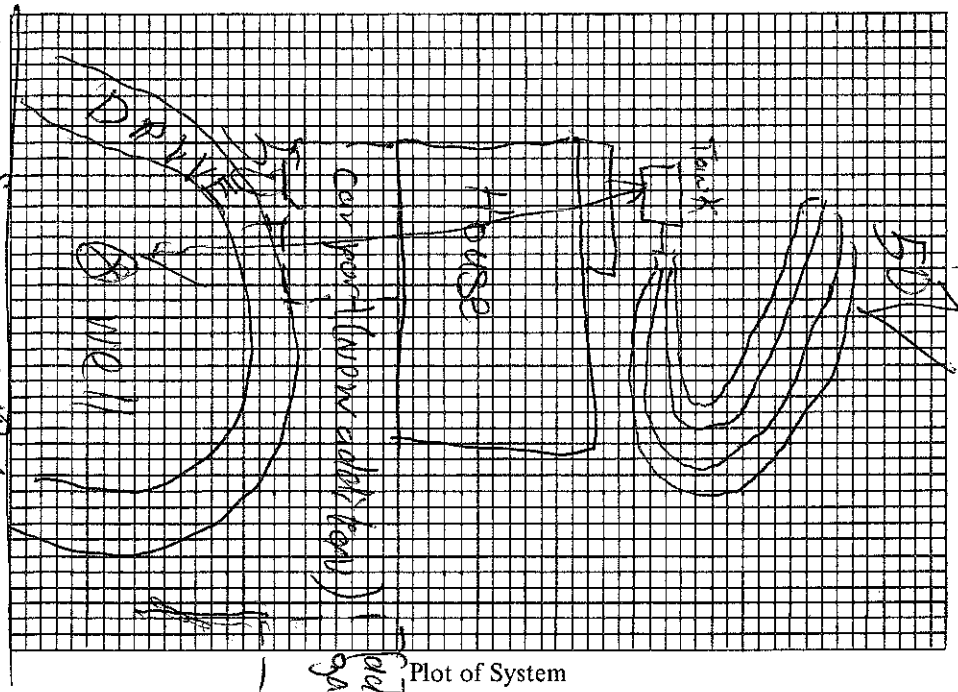
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 5 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 160

Depth of Stone in Lines 12"

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 _____

COMMENTS: Existing system working O K at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles H. Barnett DATE 8-30-85

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