## 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 Arthur Ray Huffman DATE 8-3-84 PERMIT NO. 232

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 OR TR 1443 TO 1444 TR Honeysuckle Lane SE on left S. R. No. _____

SUBDIVISION NAME Lafe Norman LOT NO. 39 SECTION OR BLOCK NO. 9

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

No. Bedrooms 3 No. Bathrooms 2

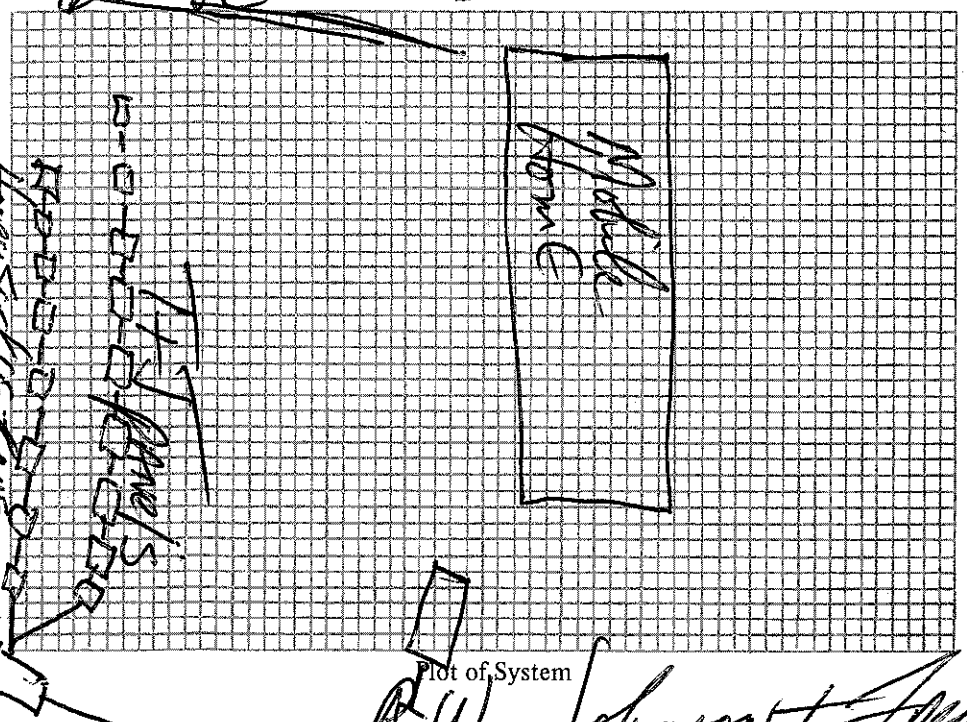
| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (X) | |
| Auto. Dishwasher | Yes (X) | No ( ) | |
| Auto. Wash. Machine | Yes (X) | No ( ) | |
| Site Suitable | Yes (X) | No ( ) | |

Lot Area 1.7 Ac

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING
Depth to Water Table SYSTEM
Rock or other impervious formations _____

(X) Well

Drive




Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 150 CFT
Sq. Ft. _____ Linear Ft. 2-3 FT
Depth of Stone in Lines Gravel
Water Supply: Individual (X)
Public ( )
Own well
Installed by J. Ervin 8-2-80

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

Signed: _____

System checked 8-2-84 by F. Clemmer

IMPROVEMENTS PERMIT BY R.W. Johnson, Fred Clemmer

COMMENTS: Backed Mobile Home over Panels – Unable to determine Approximate Location of Existing System working OK At time of Inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 8-3-84

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