4639 305108

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 Boyce Huffstetler DATE 8-7-85 PERMIT NO. 345

PHONE: Business _____ Home _____

LOCATION 1300 Ft 1398 (Kenway Dr.) past Bagby Loop Rd Oaken on left S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LAKE LOT NO. 29 SECTION OR BLOCK NO. 15

House (X) Mobile Home ( ) 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 0 ACRE

Character & Porosity of Soil _____

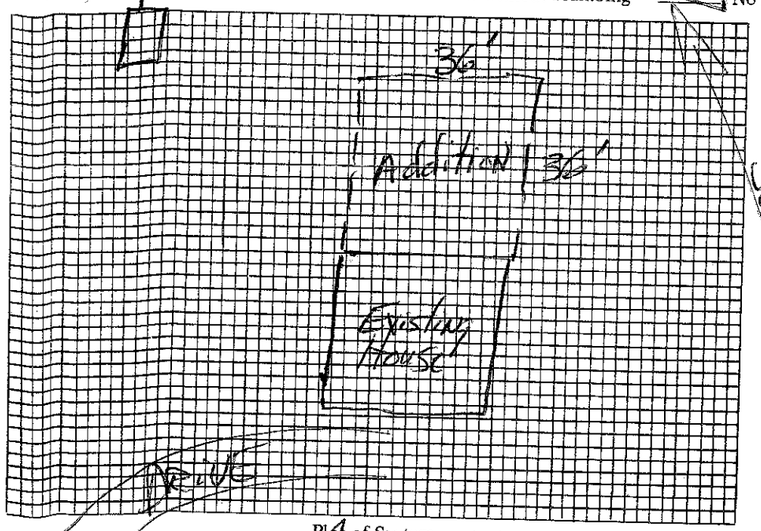
Percolation Rate _____

Topography 12% CRED Existing System

Depth to Water Table _____

Rock or other impervious formations _____

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (X)

Public ( )

12-28-76

Installed by John Houston

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

(X)

Signed: _____

System Checked by John Houston 12-28-1976 BK

IMPROVEMENTS PERMIT BY J C Moore

COMMENTS: Existing System Working At Time of Inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Jack Clemmer DATE 8-7-85

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