## 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 Garland Hudgens DATE 4-29-82 PERMIT NO. 117

PHONE: Business _____ Home _____

LOCATION 150 W TR 1109 TR 1190 Near Reed on left

S. R. No. _____

SUBDIVISION NAME Millwood Harbor LOT NO. 118 SECTION OR BLOCK NO. _____

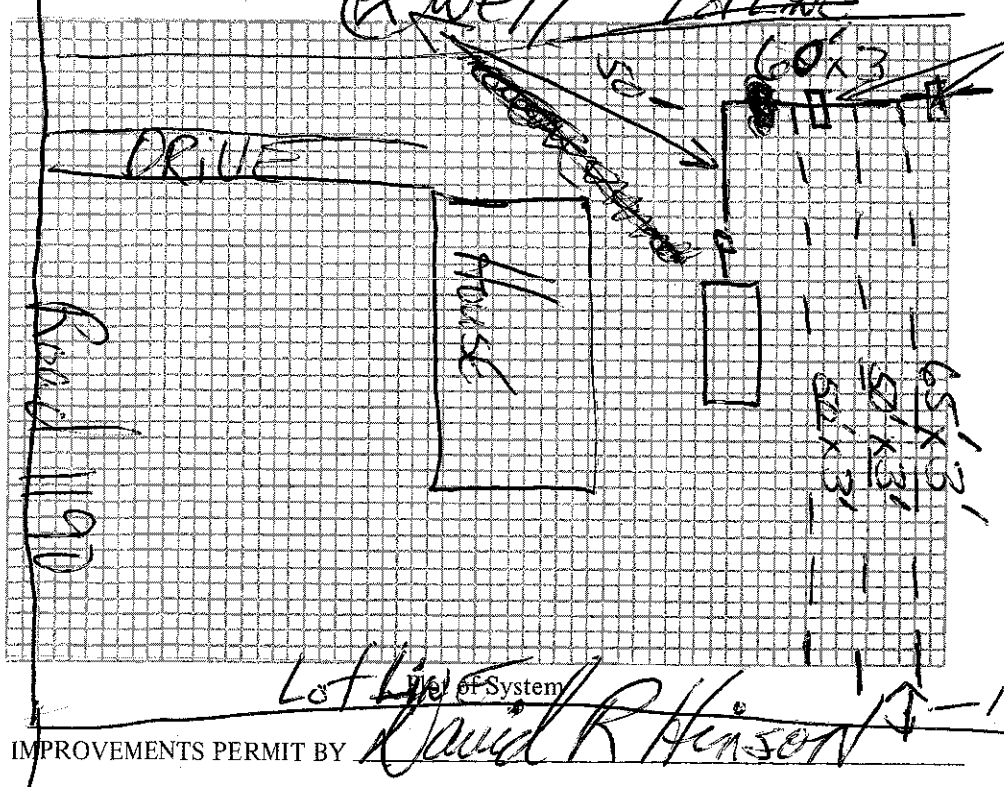
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 100 x 200

Character & Porosity of Soil Clay loam
Percolation Rate 50 min/10-15"
Topography Rolling
Depth to Water Table Unknown
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing No Basement Stepdown




Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 675 Linear Ft. 225
Depth of Stone in Lines 10"

Water Supply: Individual (X)
Public ( )

Installed by J. Erwin

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

Signed: _____

Lot Plot of System

IMPROVEMENTS PERMIT BY David R Henson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Jack Clemmer DATE 4-29-82

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