IREDELL COUNTY HEALTH DEPARTMENT 4646-97-6199

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

OWNER OR CONTRACTOR Dennis Stanke DATE 10-2-86 PERMIT NO. 534

PHONE: Business _____ Home _____

LOCATION 265 TR Huntington Woods 1/4 mile on Rt. _____ S. R. No. _____

SUBDIVISION NAME Huntington Woods LOT NO. 14 SECTION OR BLOCK NO. _____

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

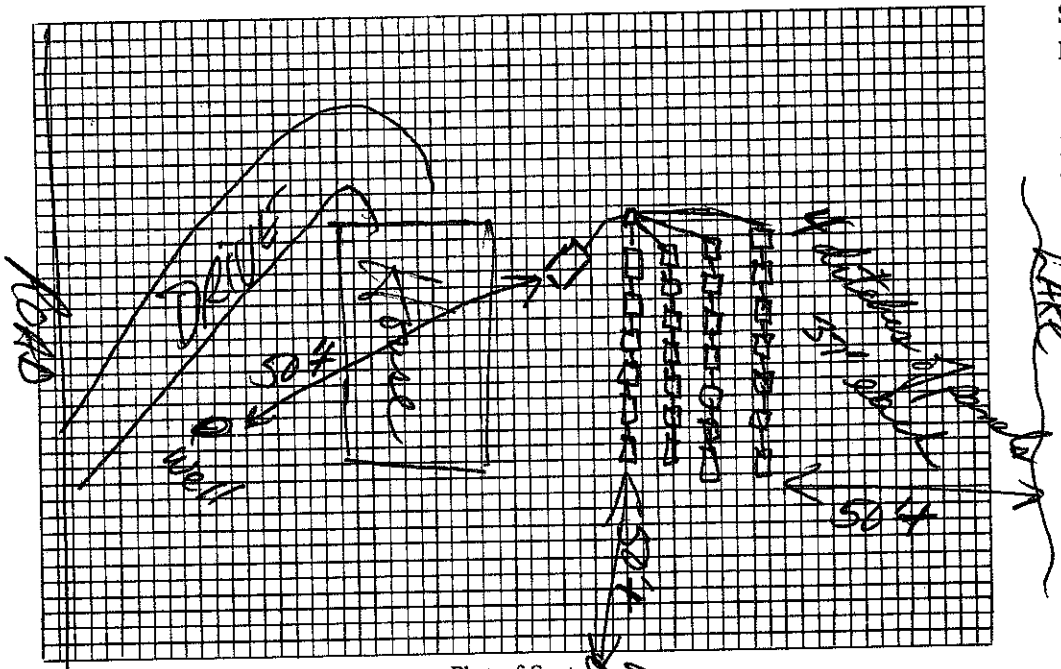
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate _____
Topography Eto 2%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

Lot Area 20000 ft2+

___✓___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 150 ft
Depth of Stone in Lines 24 inches

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Dobson

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

Signed: _____

IMPROVEMENTS PERMIT BY J C Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hanson R.S. DATE 10-2-86

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