4646-97-8104

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 Raymond C. Pejsa DATE 8-28-86 PERMIT NO. 473

PHONE: Business _____ Home _____

LOCATION 215 TR Huntington Lane 1000' on Rt

S. R. No. _____

SUBDIVISION NAME Huntington Woods LOT NO. 15 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 ( )

Lot Area 1/2 Ac.

Character & Porosity of Soil Clay

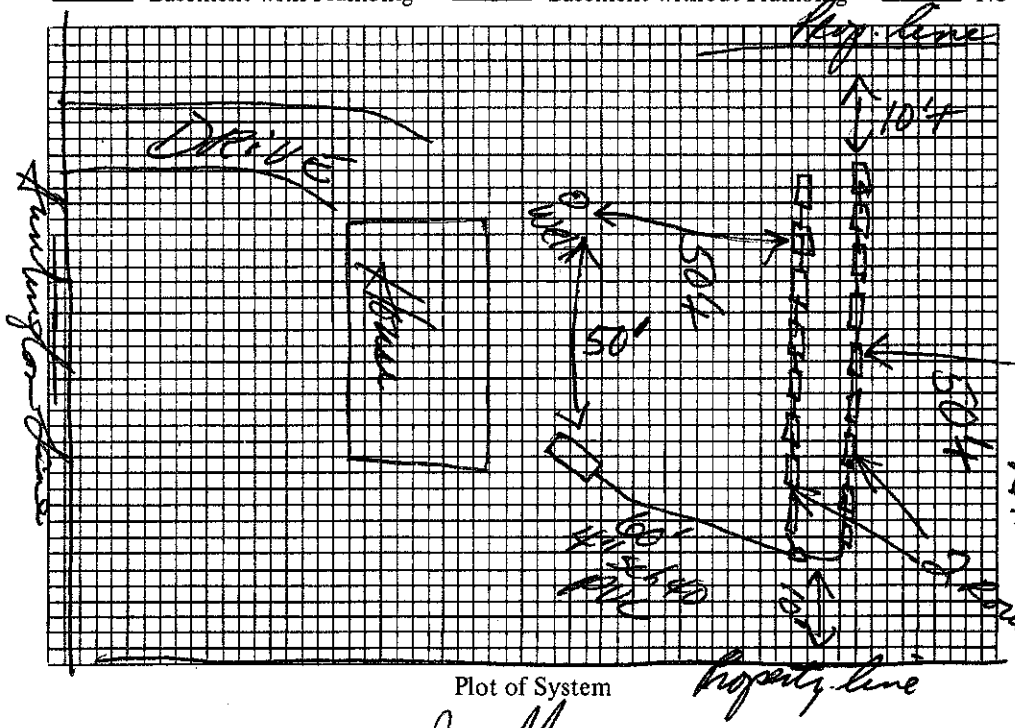
Percolation Rate 4

Topography 15-25%

Depth to Water Table 44

Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 2 - 75' Rows of 1" pipe

Sq. Ft. _____ Linear Ft. 150

Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by Debrow

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

Signed: _____

IMPROVEMENTS PERMIT BY J C Moore

COMMENTS: Well lines not located as shown on improvements permit causing a change in location and type of drainfield.

CERTIFICATE OF COMPLETION BY Darrell R. Hinson, R.S. DATE 8-28-86

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