08397

4654-88-7491

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 Bob Honeycutt DATE Aug 1, '89 PERMIT NO. IC-8-A-6

PHONE: Business _____ Home _____

LOCATION 115 S. to TR 1138 (Presbyterian Rd.) on Right 1/8 mile before creek S. R. No. _____

SUBDIVISION NAME Hill Creek LOT NO. 6 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~~ PS	Yes	(✓)	No	( )	

Character & Porosity of Soil clay

Percolation Rate 3-4

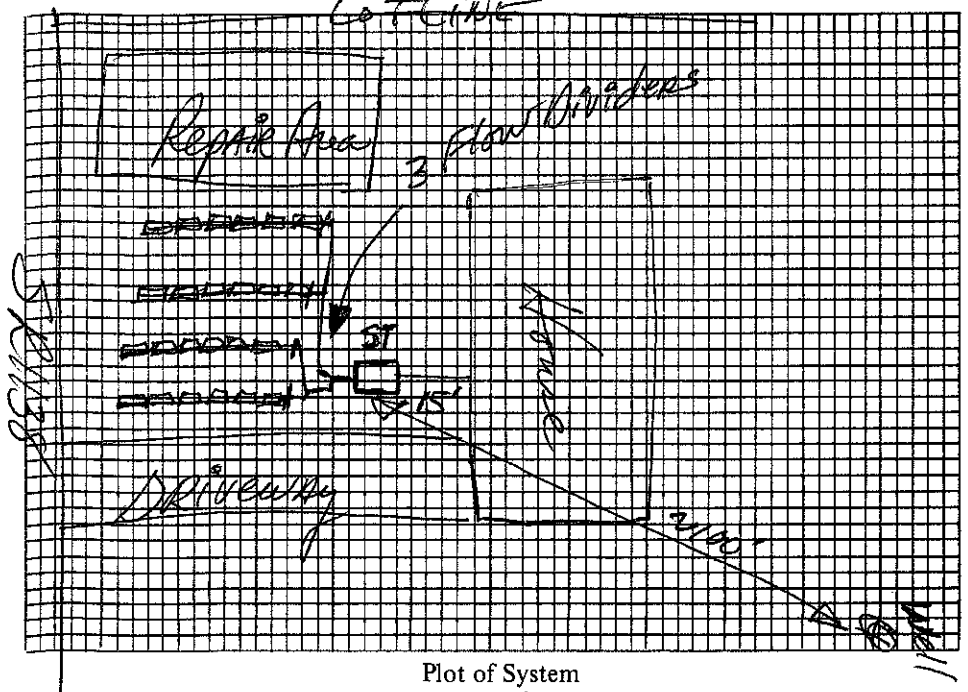
Topography ~6%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area 20000 ft²+

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 180'+ of 16" T&F

Depth of Stone in Lines 16" T&F

Water Supply: Individual (✓) panels gravity flow

Public ( )

Installed by T J Evans

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY T J Evans, RS DATE Aug 1, '89

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