4055-27-1215

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 3/2/88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 115 S. TL 1136 (FAITH ROAD) ~1/2 mile ON RIGHT. S. R. No. ______

SUBDIVISION NAME RYAN ACRES LOT NO. 1 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 CLAYEY

Percolation Rate ~.4 gpd/ft²

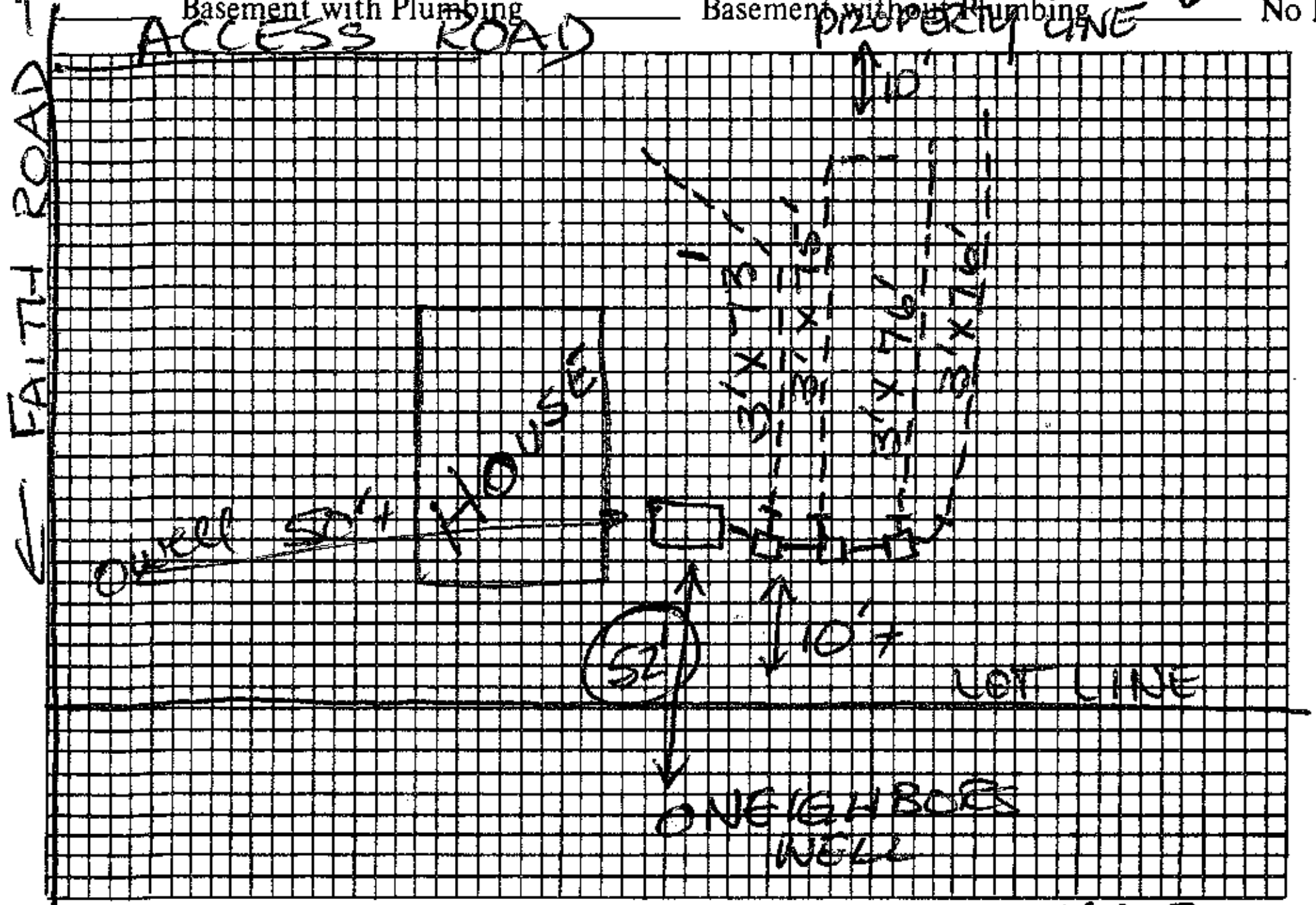
Topography 2-6%

Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area 20000 ft²+

Basement with Plumbing ______ Basement without Plumbing ______ ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines ______

Water Supply: Individual (✓)

Public ( )

Installed by F.J. ERVIN

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

Signed: ______

IMPROVEMENTS PERMIT BY DRH

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Audie C. Pierce DATE 3/2/88

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