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 Joe Kufhta DATE 9/11/91 PERMIT NO. 4675-20-8522

PHONE: Business _____ Home _____

LOCATION Lot 4 HunterWoods, last lot on (R) at cul de sac

S. R. No. 3136

SUBDIVISION NAME HunterWoods LOT NO. 4 SECTION OR BLOCK NO. _____

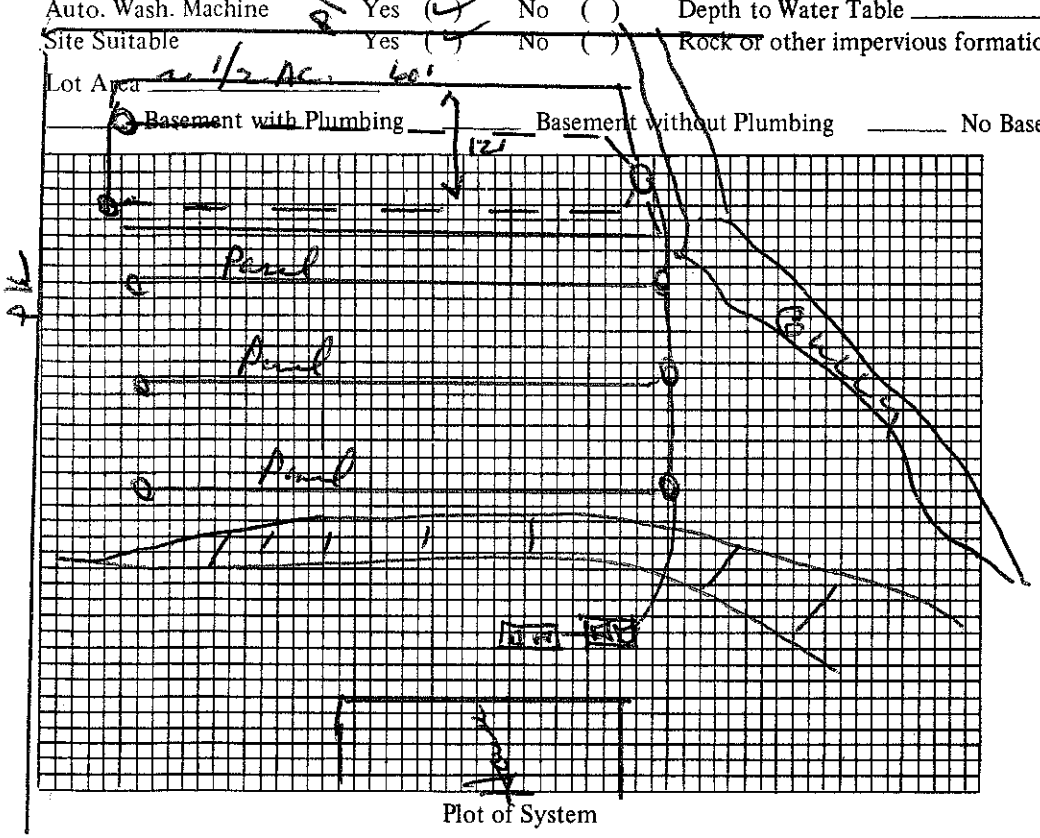
House ( ) Mobile Home ( ) Business ( ) (✓) Other Repair

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. 60'

Character & Porosity of Soil Repair
Percolation Rate .3 - .35
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000/1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 120
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Area to be sloped to drain - no surface water must stand over trainfield area. All lines balanced to 2' pressure head. 3/16 holes on 5' centers used on repair bed.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 9/11/91

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