Repair

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 Kuffta DATE 9/5/91 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION Lot 4 Hunterwoods Estates, 1365 TR into Hunterwoods, to house on ② of cul de sac S. R. No. _____

SUBDIVISION NAME Hunterwoods LOT NO. 4 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 Repair

Percolation Rate _____

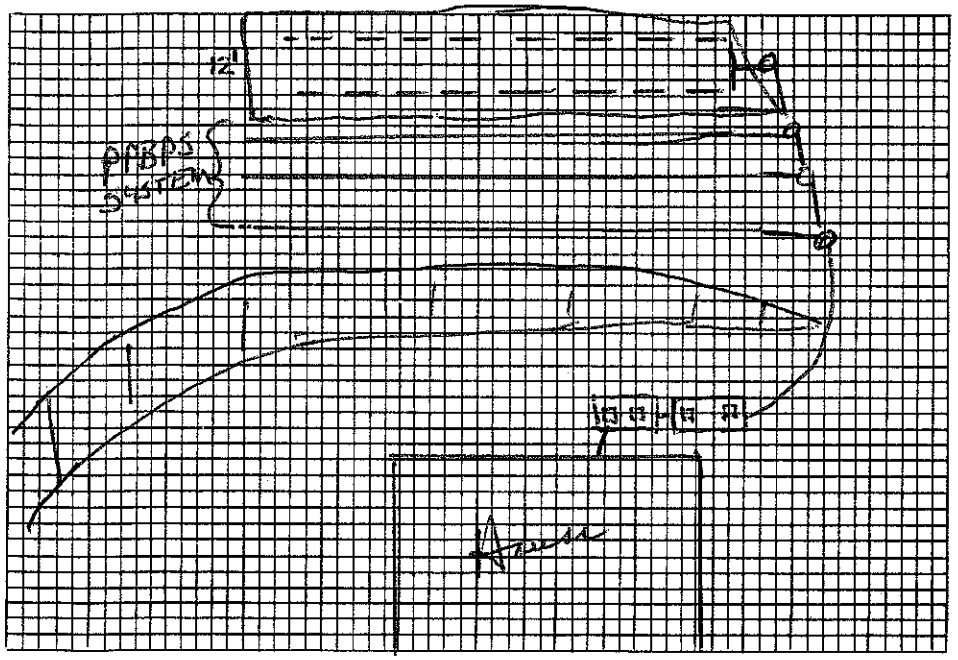
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 2 - 1¼ PVC

Sq. Ft. 720 Linear Ft. 120

Depth of Stone in Lines ~~12"~~ 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: Existing system needs to be uncovered further and all damages to pipes needs to be replaced. One gate valve a "T" required for new system. 3/16" holes drilled on 5' centers out the drain lines. Surface drainage over drainfield area needs to be improved to prevent ponding of water over drainfield.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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