04730

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 LARRY HUGGINS DATE 5-23-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 west to T.L. on Shady Rest Rd. - T.R. on Suzanne Ln MH on left near end. S. R. No. _____

SUBDIVISION NAME GOFORTH PROPERTY LOT NO. _____ SECTION OR BLOCK NO. _____

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

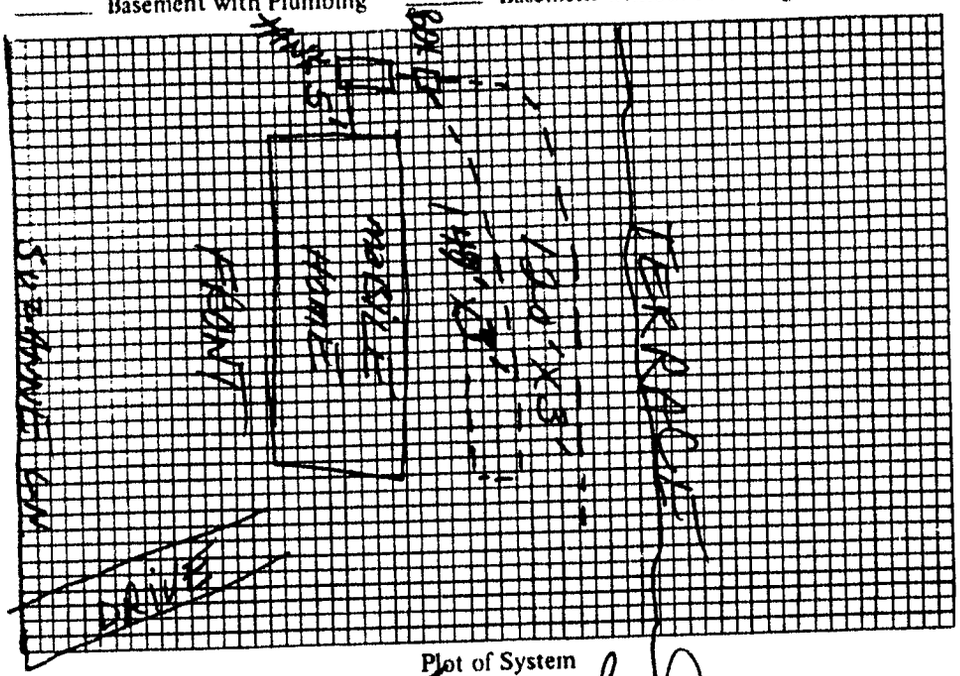
No. Bedrooms 2 No. Bathrooms 1-2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil Prov Suitable.
Percolation Rate 3 gal./sq. ft.
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations parent material at 40"

Lot Area 2.60 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 800 Linear Ft. 267
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by Dennis Gallihar / Benny Luttrell

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

Signed: _____

IMPROVEMENTS PERMIT BY Terry L. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brewer DATE 5-23-86.

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