## 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 Dr. William B. Hennycutt DATE 10-19-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Augusta Dr.

S. R. No. _____

SUBDIVISION NAME Shannon Acres LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Repair | Yes | ( ) | No ( ) |
| Auto. Dishwasher | | Yes | ( ) | No ( ) |
| Auto. Wash. Machine | | Yes | ( ) | No ( ) |
| Site Suitable | | Yes | ( ) | No ( ) |

Lot Area _____

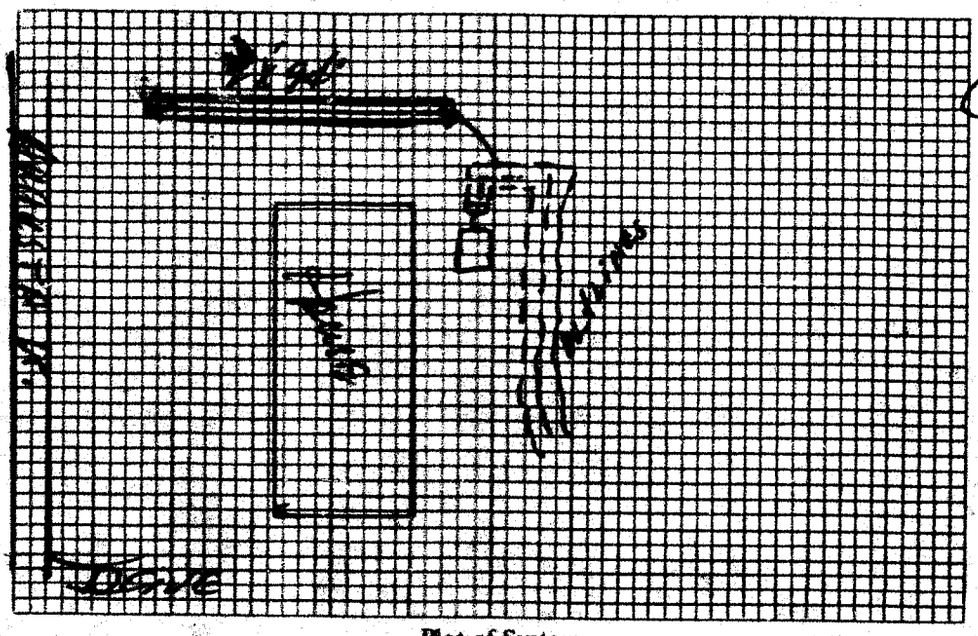
Character & Porosity of Soil _____

Percolation Rate _____

Topography Existing

Depth to Water Table _____

Rock or other impervious formations _____




Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 846 Linear Ft. 282

Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well drained on edge of other lot owned by Dr. Hennycutt

CERTIFICATE OF COMPLETION BY _____ DATE 10/19/77

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold