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 Jeff Gallihar (Jeff Gallihar) DATE 1-30-89 PERMIT NO. 40

PHONE: Business _____ Home _____

LOCATION 21 N - Lynnville Thru across Hwy 64 TR on Hamlett Union Light S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

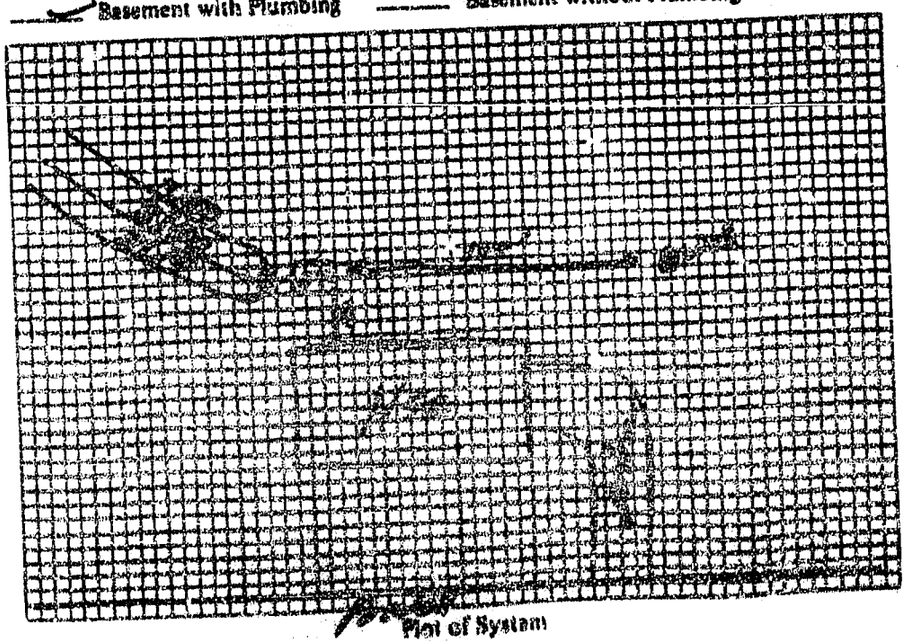
Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Hilly
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10ft
			Rock or other impervious formations	None

Lot Area 1 Ac

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

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 500
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Tommy Rees

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

Signed: _____

IMPROVEMENTS PERMIT BY Johnnie T. Hunt

COMMENTS _____

CERTIFICATE OF COMPLETION BY _____ DATE 1-30-89

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