IREDELL COUNTY HEALTH DEPARTMENT 4626422956

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Carmen DeLong DATE 8-10-82 PERMIT NO. 254

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR 1279 TR 1280, 1 mi. on Rt.

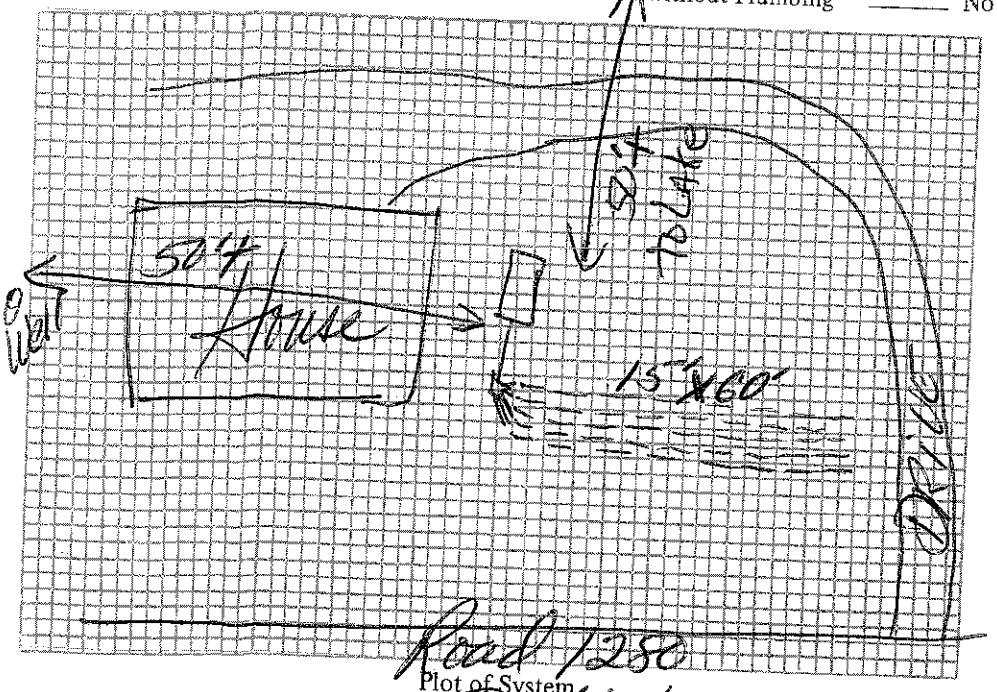
SUBDIVISION NAME Holiday Harbor LOT NO. 38 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	loamy p. on
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	80-120
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
Lot Area 20000 ft²+			Rock or other impervious formations	none obs

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public ( )

Installed by H J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 8-10-82

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