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 Rick Harrington DATE Mar 1, 1990 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1100 TR McKendree 1st House on left

SUBDIVISION NAME ____ LOT NO. ____ S. R. No. ____ SECTION OR BLOCK NO. ____

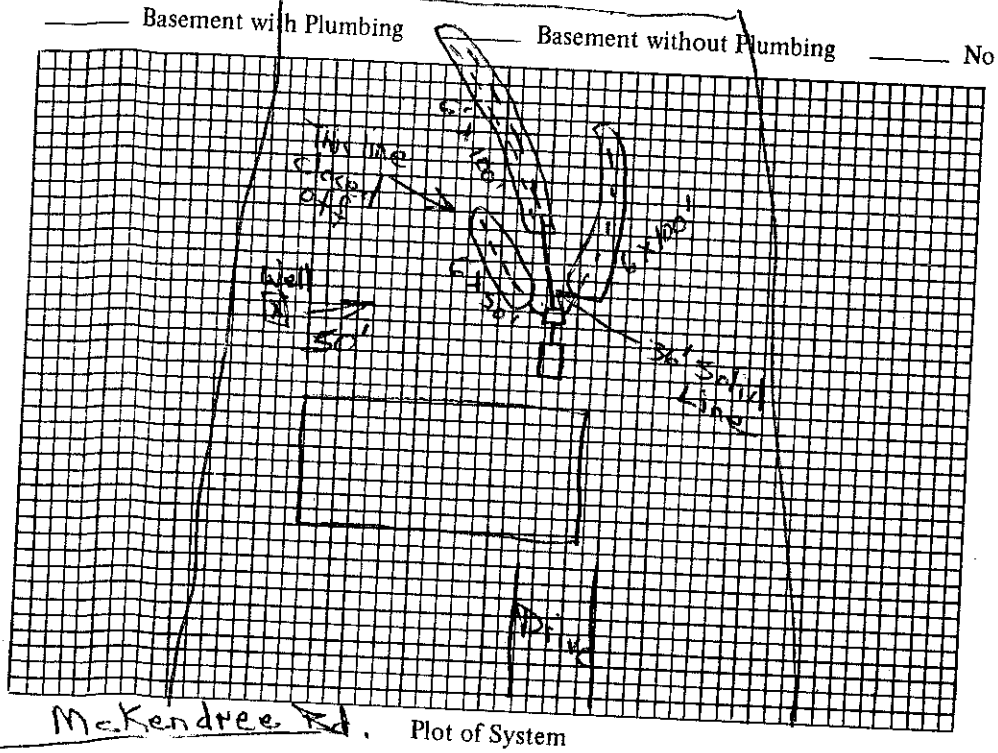
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	____
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	____
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	____
Site Suitable	Yes ( )	No ( )	Depth to Water Table	____
			Rock or other impervious formations	____

Lot Area ____

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



McKendree Rd. Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 600' Linear Ft. 6 x 100'

Depth of Stone in Lines ____

Water Supply: Individual (✓)

Public ( )

Installed by Richard Abernathy

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: D-Box is set so that middle (new) line is taking water first with ~~upper line second and~~ lower line ~~last~~ second Upper line closed off. Upper line (6'x50') was 42' from well. Existing line ~ 266' linear footage

CERTIFICATE OF COMPLETION BY Sam Ingram EHS

EXISTING SYSTEM CHECKED BY: ____ DATE Mar 1, 1990

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

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