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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 T. E. Harrington DATE 3-7-85 PERMIT NO. 73

PHONE: Business ____ Home ____

LOCATION 15DW TL 1109 X Lake TR 1191
.4 mile on R ____ S. R. No. ____

SUBDIVISION NAME Bonanza LOT NO. 4 SECTION OR BLOCK NO. 11

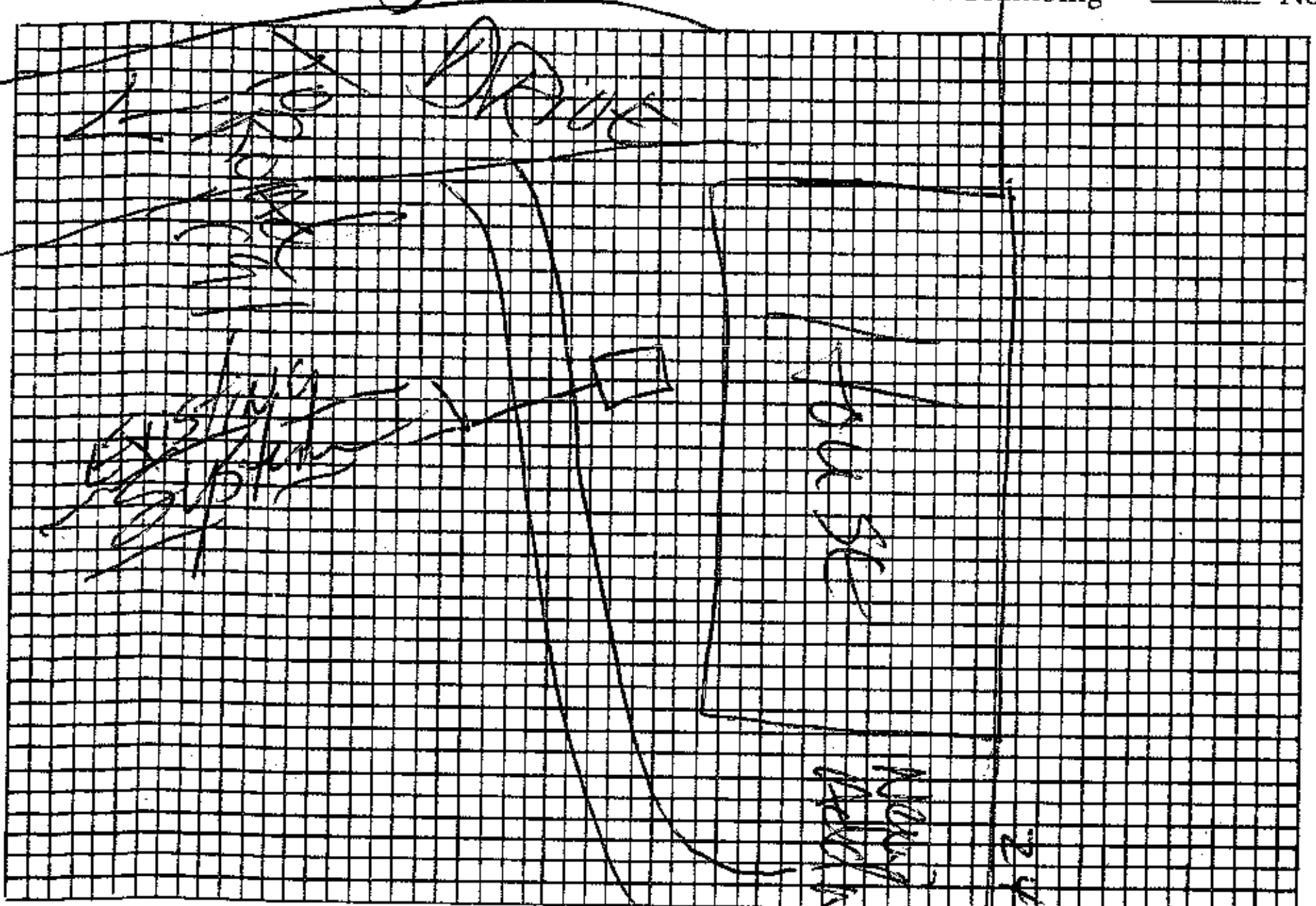
House ( ) Mobile Home (X) Business ( ) Other Adding 24'x24' garage

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area Existing

Character & Porosity of Soil No plumbing
Percolation Rate
Topography Existing
Depth to Water Table
Rock or other impervious formations System

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. ____ Linear Ft. ____
Depth of Stone in Lines ____
Water Supply: Individual (X)
Public ( )

Installed by ____

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS Existing system working OK at date of inspection

CERTIFICATE OF COMPLETION BY ____ DATE ____

EXISTING SYSTEM CHECKED BY Fred Clemmer DATE 3-7-85

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