11834

IREDELL COUNTY HEALTH DEPARTMENT PIN-4615-11-1410

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

OWNER OR CONTRACTOR Thomas M. Harshbarger DATE 8/7/90 PERMIT NO. 1B-1-A-7

PHONE: Business _____ Home _____

LOCATION Johnson Dairy TL Carolwoods TL 1st paved road @ end on left S. R. No. _____

SUBDIVISION NAME Carolwoods LOT NO. 7 SECTION OR BLOCK NO. _____

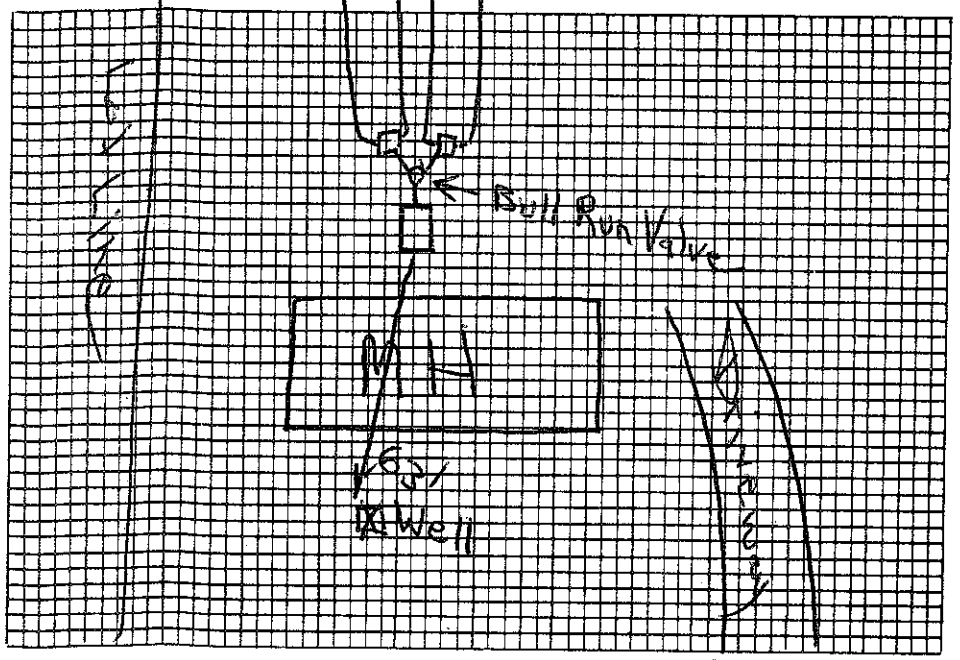
House ( ) Mobile Home (✓) Business ( ) Other Permit issued 6/24/85 Marvin Existing

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	(✓)	Character & Porosity of Soil
Auto. Dishwasher	Yes	( )	No	(✓)	Percolation Rate Tender
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



Plot of System Street

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Switch Valve every 6 mos.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Sam Ingram EHS DATE 8/7/90

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