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 Paul McHargue DATE 4-25-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N Th on SR 1571 (Fisgah Ch. Rd) 2 story House on Rt. past SR 1576 S. R. No. 1571

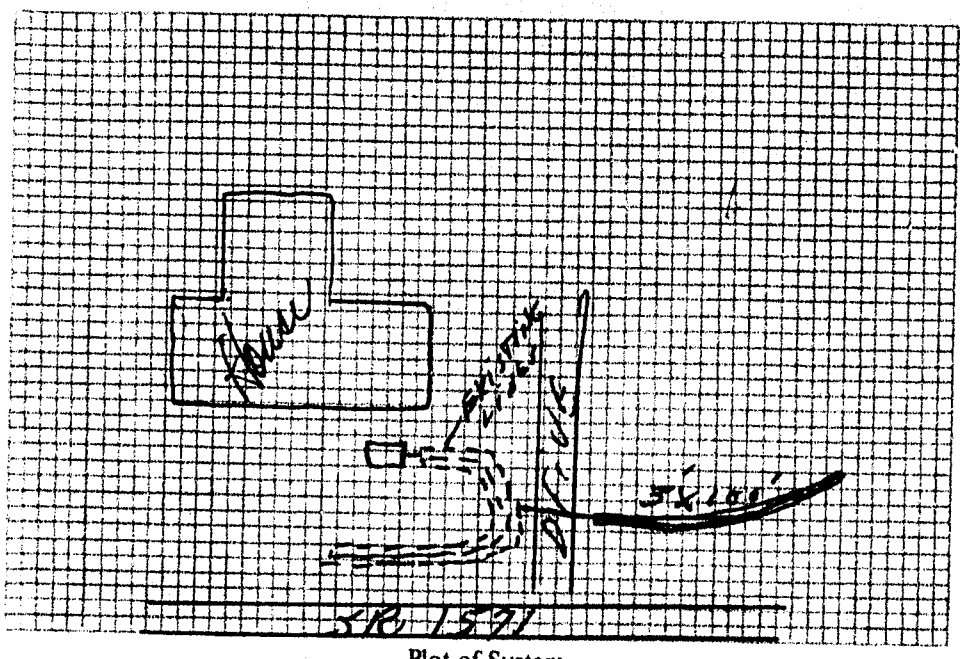
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 Repairs No. Bathrooms _____

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

Lot Area _____



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd Jr DATE 4/25/84

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