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 JAMES HARTNESS DATE 11-21-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Eufola Rd. off Mt. Ruth Rd. just south of Coffeetown Rd. Head/Sebald, go 1 mile - turn left on dirt st. Lone track off rd.

SUBDIVISION NAME _____ LOT NO. 11 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area Ample

Character & Porosity of Soil Ceil fine clay

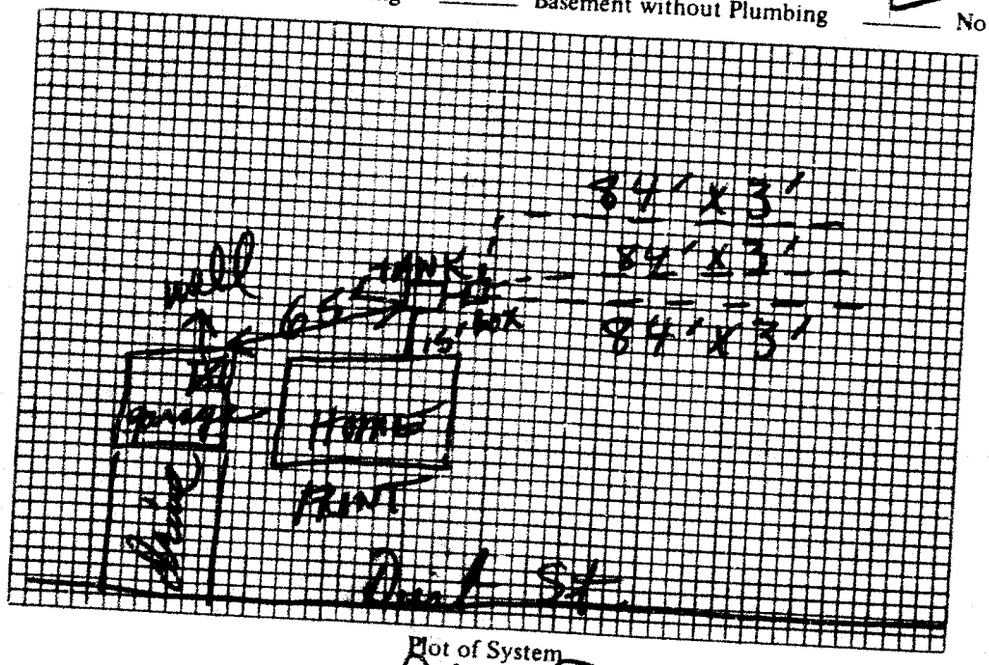
Percolation Rate .69 gal sq. ft.

Topography 2-6% 90' +

Depth to Water Table _____

Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Robert Hoke

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: THE SEPTIC TANK FOR THIS PARTICULAR INSTALLATION MUST HAVE A BAFFLE WALL IN ORDER TO BE APPROVED. Upper tail lines to feed first out of distribution box.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 11-21-80

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