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 Ray Harris DATE 5/5/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N to Trinity Midway Rd # 1553 Go to Rd # 1554 approx 2 miles 3rd House on L. S. R. No. _____

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

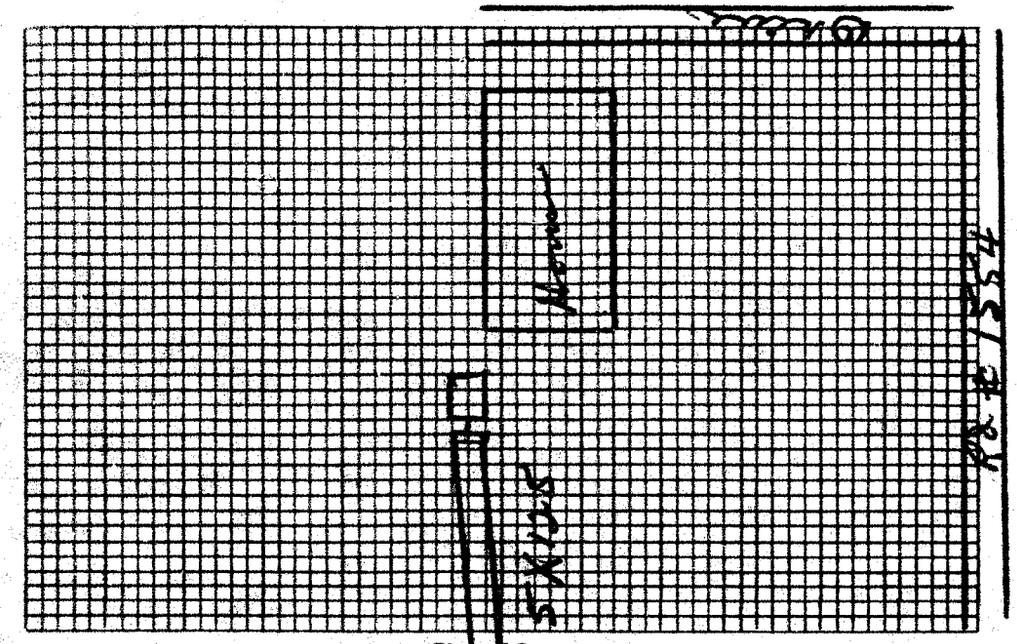
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area Acreage

Character & Porosity of Soil Cecil Clay
Percolation Rate _____
Topography 2-6% Slope
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Hoke Septic Tank Co

IMPROVEMENTS PERMIT BY W. M. Howard

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 5/5/77

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

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold