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 Robert Hartness DATE 11-19-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 to Rd # 1908 - Go Abbox ½ Mile House in Corner on Rt. at Rd # 1909. S. R. No. _____

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

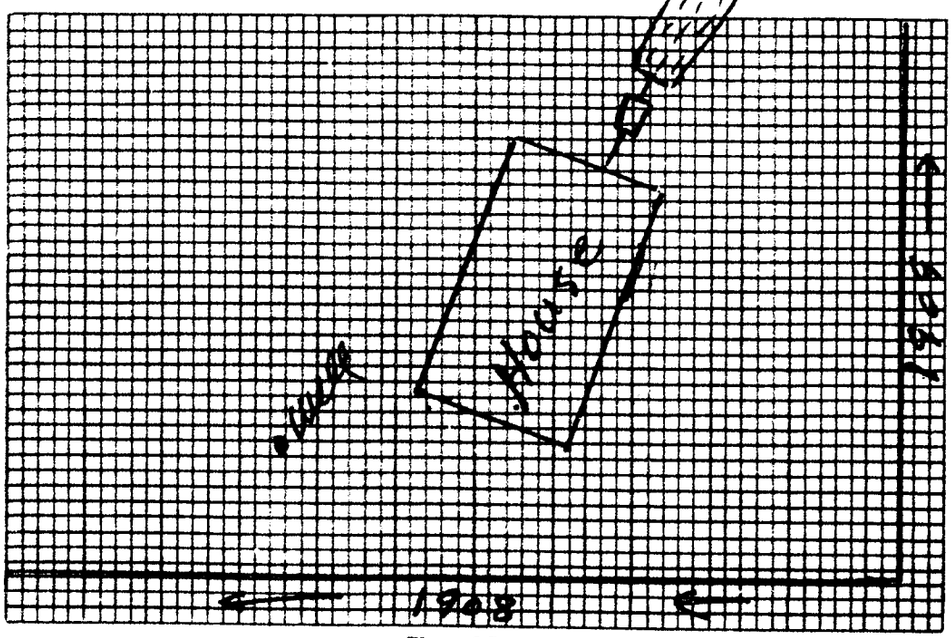
House (✓) Mobile Home ( ) Business ( ) Other _____

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 1 acre +

Character & Porosity of Soil _____
Percolation Rate Existing System
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

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

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: This house to be remodeled - 1 room & 1 Bath to be added - Present sewage system appears to be working - No signs of surfacing or other troubles.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 11-16-73

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