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 Edward Harrison DATE 12-11-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Chipley Ford Rd. 2 Story House on Rt. Past South River Bapt. Ch. S. R. No. _____

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

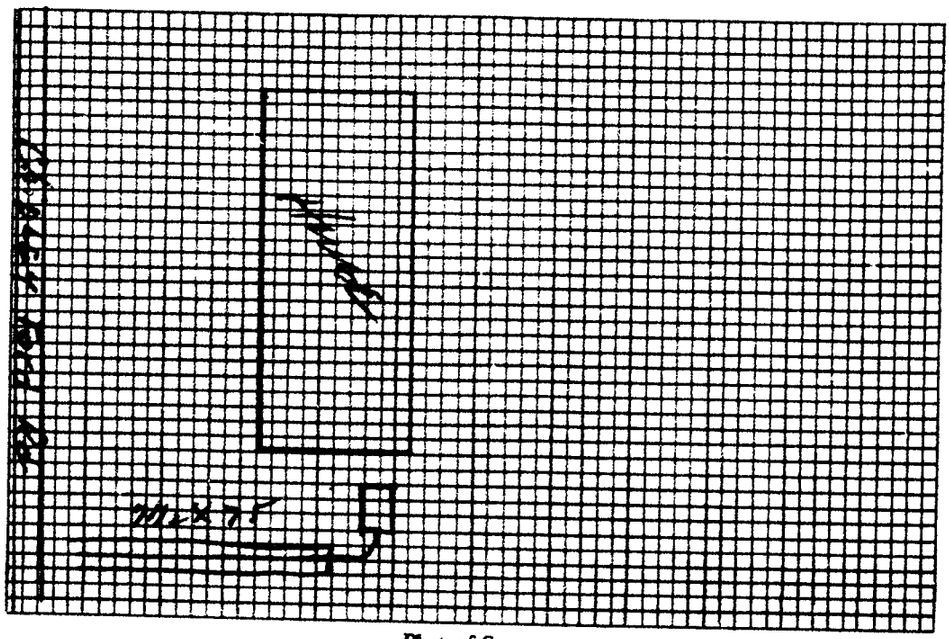
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography Level
Depth to Water Table _____
Rock or other impervious formations _____

Repair
Size of Tank ? OLD TANK Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. ~~24 X 5~~ Linear Ft. 225
Depth of Stone in Lines 10
Water Supply: Individual (✓)
Public ( )

Installed by Henry Simmons



Plot of System

IMPROVEMENTS PERMIT BY _____

COMMENTS: New System installed except Tank.

CERTIFICATE OF COMPLETION BY Steven Fox Jr. DATE 12-11-73

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