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 Katherine Mitchell DATE 6-3-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N - TR on SR 1873 (Hams Grove Ch. Rd) Mobile Home on Rt. after passing Hams Grove Baptist Ch. S. R. No. 1873

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

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

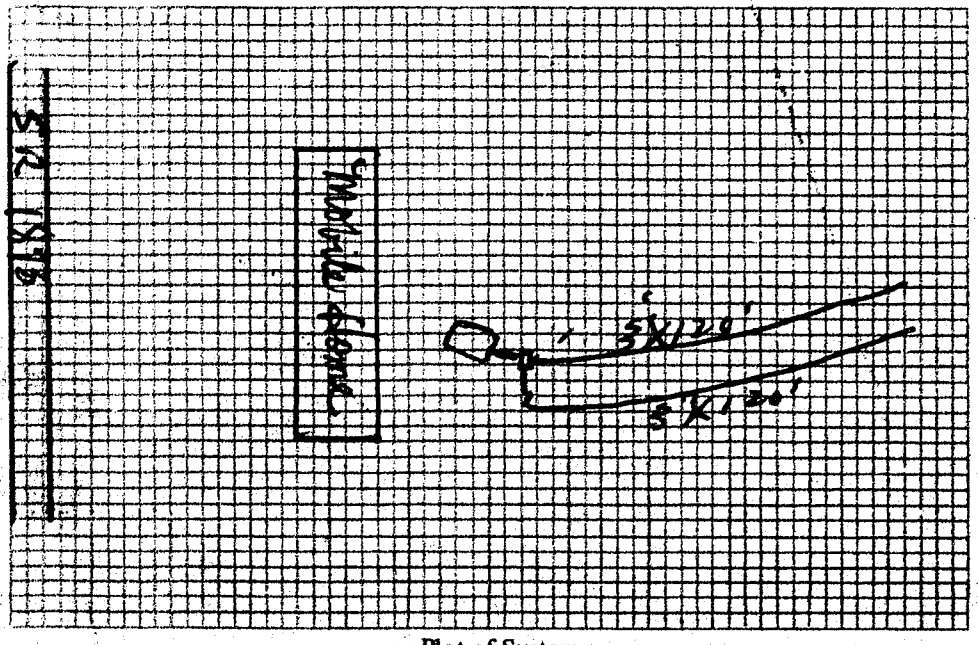
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	53 min per inch
Auto. Dishwasher	Yes ( )	No (✓)	Topography	2 - 6% Slope
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	6'
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	Bedrock

Character & Porosity of Soil Clay - Prov. Suitable

Lot Area Adequate

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by James Hartness

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 6/3/83

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