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 Marie Harris DATE 6-21-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1104 King St.

S. R. No. _____

SUBDIVISION NAME King St. 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 ( )

Repair

Character & Porosity of Soil _____

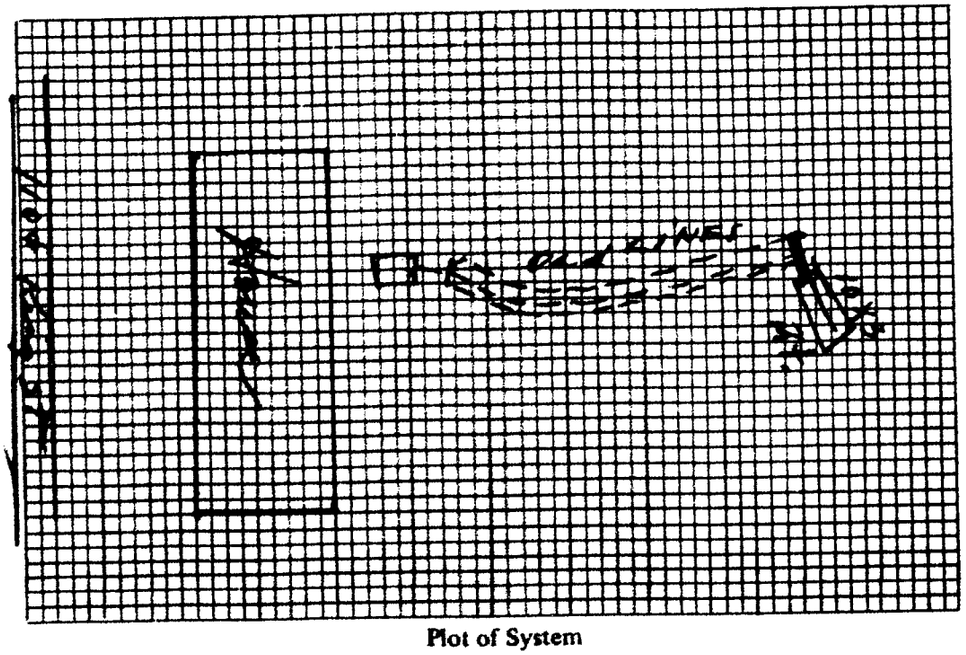
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____



Plot of System

Size of Tank Existing - Gals.

Nitrification Field:

No. of Lines At end

Sq. Ft. ~~Linear Ft.~~

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by Laverne Thomas
Ronnie Sigmon

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tie at end of drainfield. No room for additional line.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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