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 J. Harris DATE 3-27-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N past Auto Auction TR after 1st Brick House Mobile Home on left in front of Harris House

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

House ( ) Mobile Home ( ) Business ( ) Other 2 mobile Homes

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

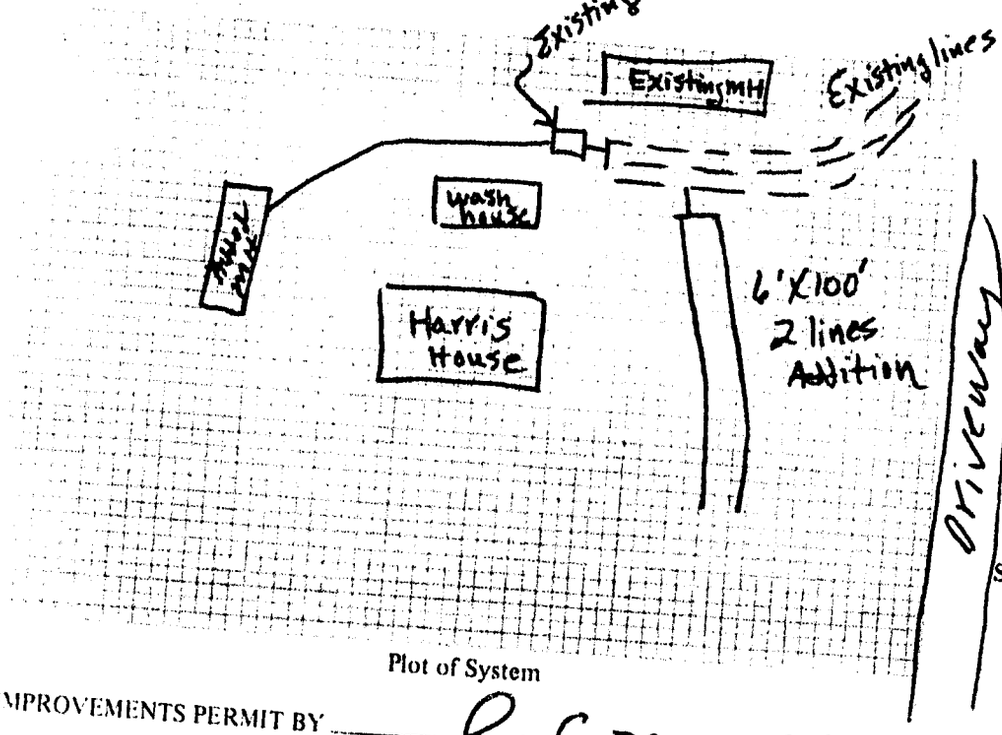
Character & Porosity of Soil Clay loam

Percolation Rate .5 gal/ss ii Hay

Topography 2 to 6 %

Depth to Water Table 10 ft

Rock or other impervious formations none



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Sammy Reavis

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: L. C. Moore DATE 3-27-84

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