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IREDELL COUNTY HEALTH DEPARTMENT

11934

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Hubert Harris DATE Aug 30, '90 PERMIT NO. 46-A-54

PHONE: Business _____ Home _____

LOCATION 115 N. TR 2383 (Shumville Rd) TR 2379 (Weathers Creek Rd) TR 2381 (Hanford Rd.) attend on Right S. R. No. _____

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

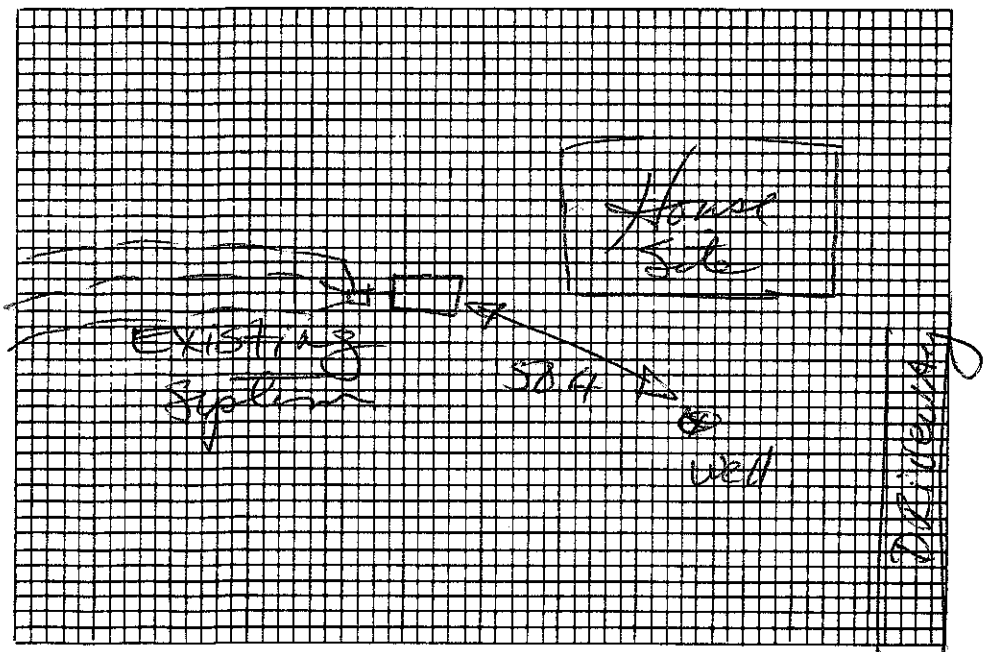
House ( ) Mobile Home ( ) Business ( ) Other Replacing DW with moved on house

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site ~~Suitable~~ KS	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area 5.62 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ___/___ No Basement



Plot of System

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

Installed by _____

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

Signed: _____

Hanford Rd

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system not malfunctioning at time of inspection. Do not garden over septic system, I recommend landscaping/grassing drainfield area.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. E. Hinson, EHS DATE 8-30-90

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