06877

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 Dennis Hartness DATE 6-11-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION TUE TL on Bell Rd 1/8 mi on Rt S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

SUBDIVISION NAME _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey
Percolation Rate .5
Topography 2 to 12a
Depth to Water Table 10'+
Rock or other impervious formations None

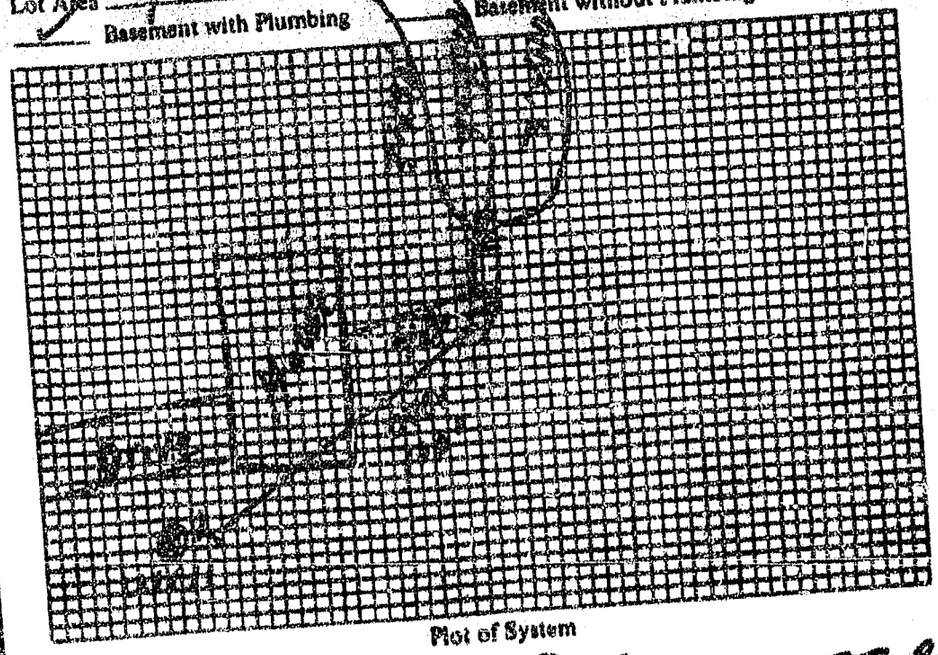
Lot Area 9 acres

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3 Linear Ft. 300
Sq. Ft. 900
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by James Hutler

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

Signed: _____

IMPROVEMENTS PERMIT BY E. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. C. Moore DATE 6-11-90

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