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 John C Harden DATE 3-21-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION NW Corner Westchester - Bennington Dr

S. R. No. _____

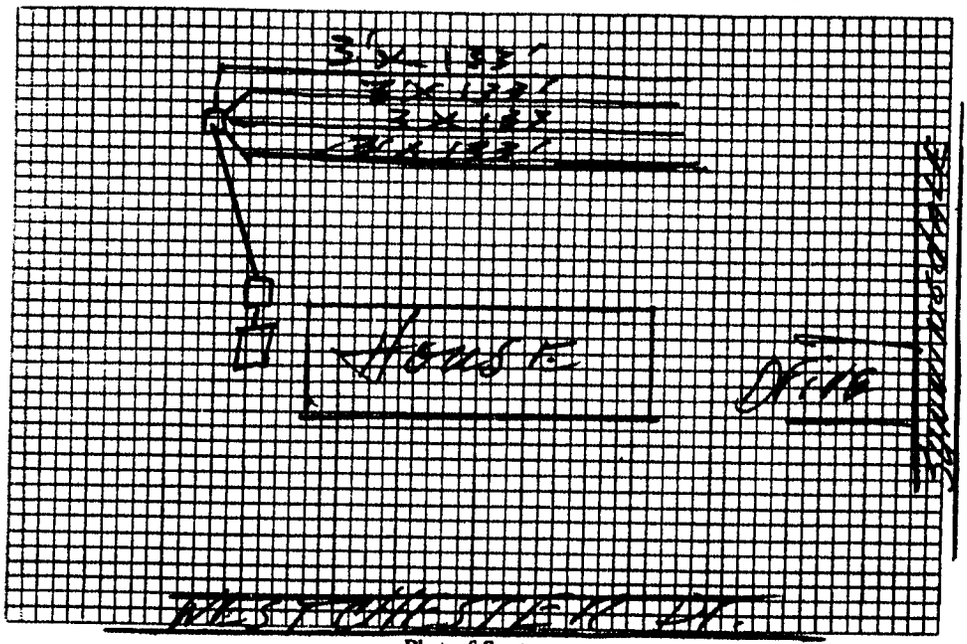
SUBDIVISION NAME Shannon Forest LOT NO. 68 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Equal to me
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 - 6 %
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10+
Lot Area 120 X 200			Rock or other impervious formations	None

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 ST 1000 RT Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft 600 Linear Ft. 533
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Paul Faye

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 3/21/86

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