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 Richard Steele DATE 6-3-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony - 901 E. TR on SR 2133 (Cranfill Rd) 60 approx 1.4 Mile Modular Home on left past Dairy Farm S. R. No. 2133

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

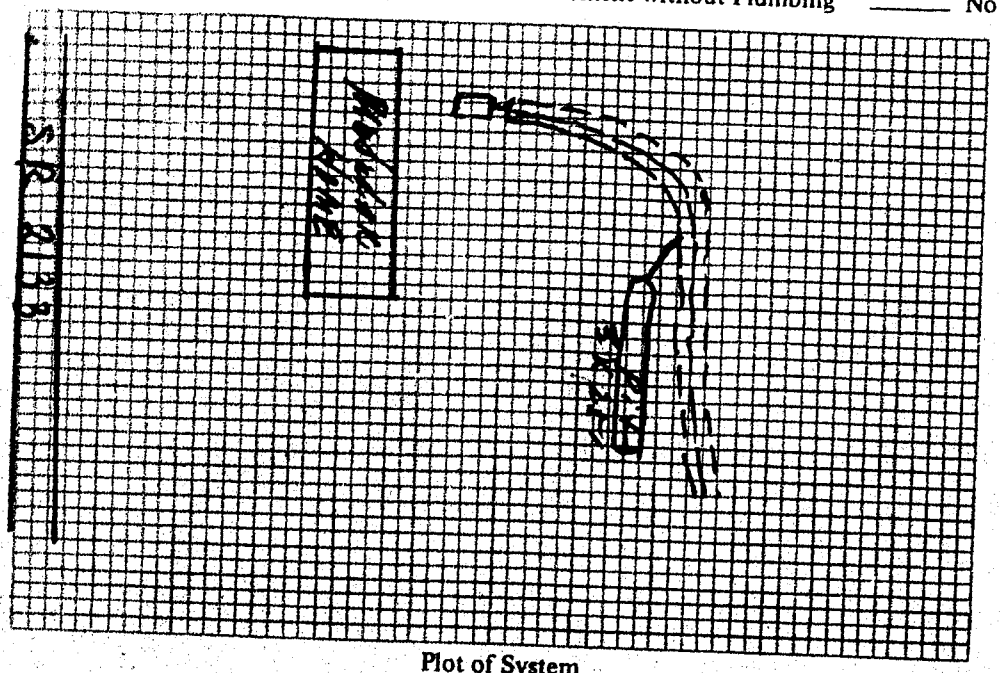
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Repair Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 75 Linear Ft. 25

Depth of Stone in Lines 31 ton

Water Supply: Individual (✓) Pit

Public ( )

Installed by Donald Laclay (Steve)

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Todd Jr DATE 6/3/83

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