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 Pat Harris DATE 2-8-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2W & 901 Guilford 2-2128 Olney Grove NH on Left of Pat Belue Co. Line S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other Repair Septice System Existing

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 Existing
Percolation Rate 2"/hr
Topography Level
Depth to Water Table _____
Rock or other impervious formations _____

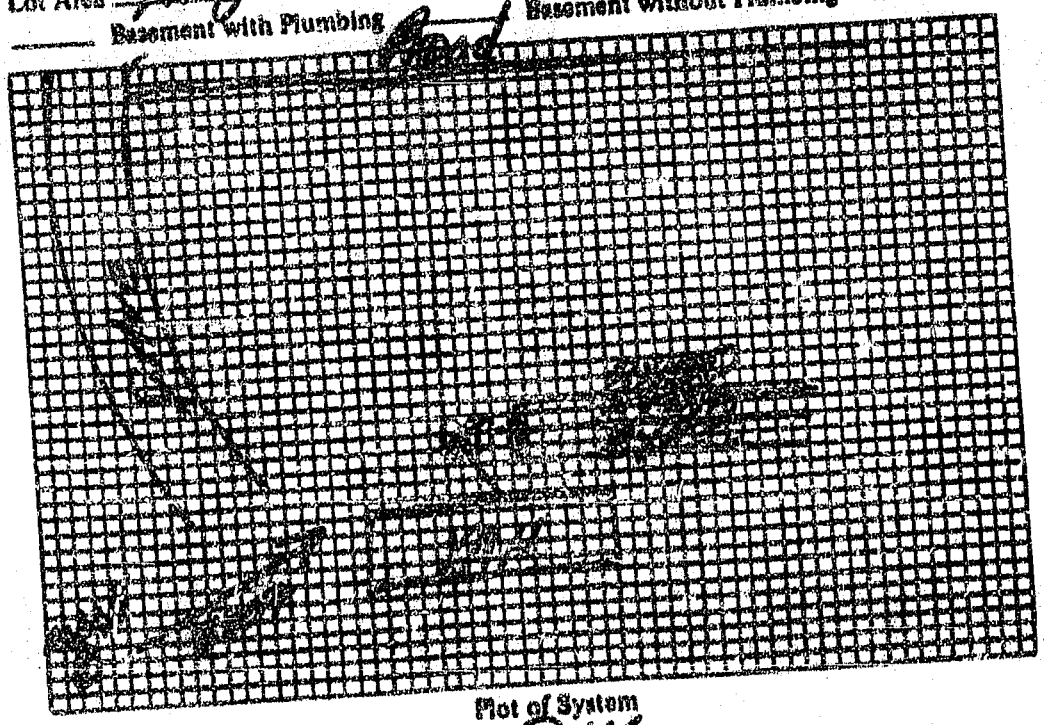
Lot Area Ample

_____ Basement with Plumbing Good _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 200 Linear Ft. 200
Depth of Stone in Lin 8

Water Supply: Individual (✓)
Public ( )



Installed by Signer

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 2-8-90

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