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 Louise Holland DATE 11-6-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony - 901 E Thirty Second Drive before County line - 2nd Mobile Home on Rt. S. R. No. _____

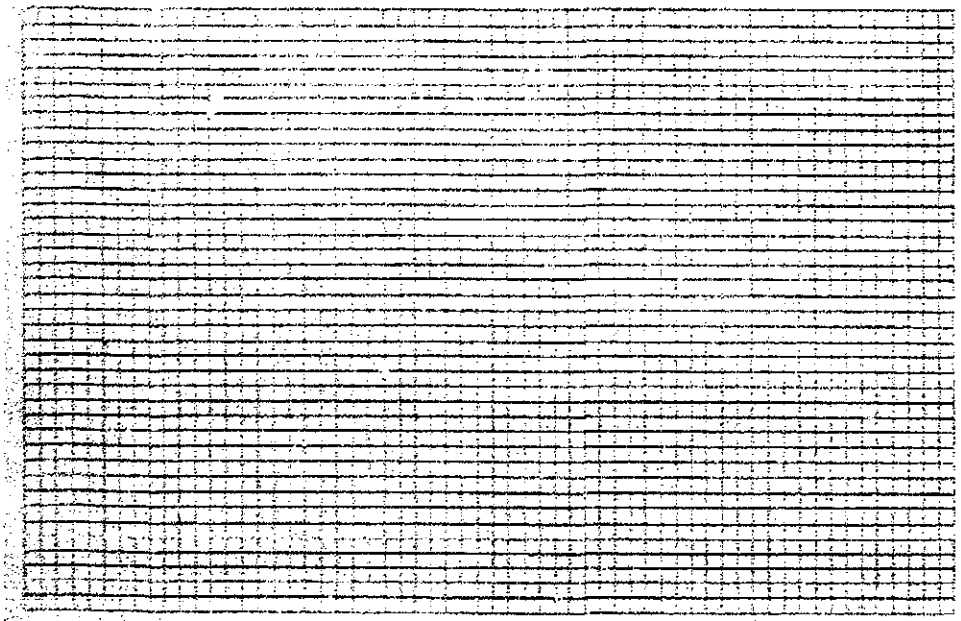
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1 1/2

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

Lot Area _____



Plot of System

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

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing Septic Tank System - Not surfacing at time of Inspection

CERTIFICATE OF COMPLETION BY [signature] DATE 11/6/79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

JAN. 10, 1989 15:27