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 Glenn Jenkins DATE 8-29-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony - 901 W. TR on SR 1832 - TL on SR 1821 House on left before SR 1823 S. R. No. 1821

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

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

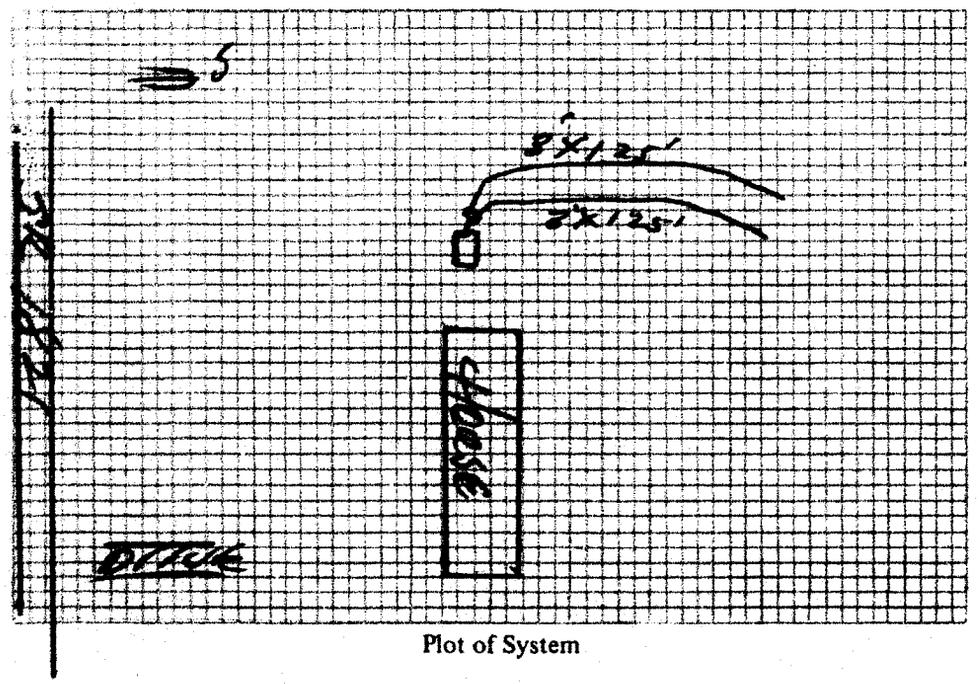
No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil C Fer 2
Percolation Rate _____
Topography 6-10% slope
Depth to Water Table _____
Rock or other impervious formations None noted

Lot Area Average

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by W.A. Cuthbertson

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Ford Jr DATE 8/29/80

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