02820

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 Dwight Johnson DATE 5-1-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony - 901 west to Rare 901/932 (Eagle Mills Rd) Bldg on left before Hickory Creek

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

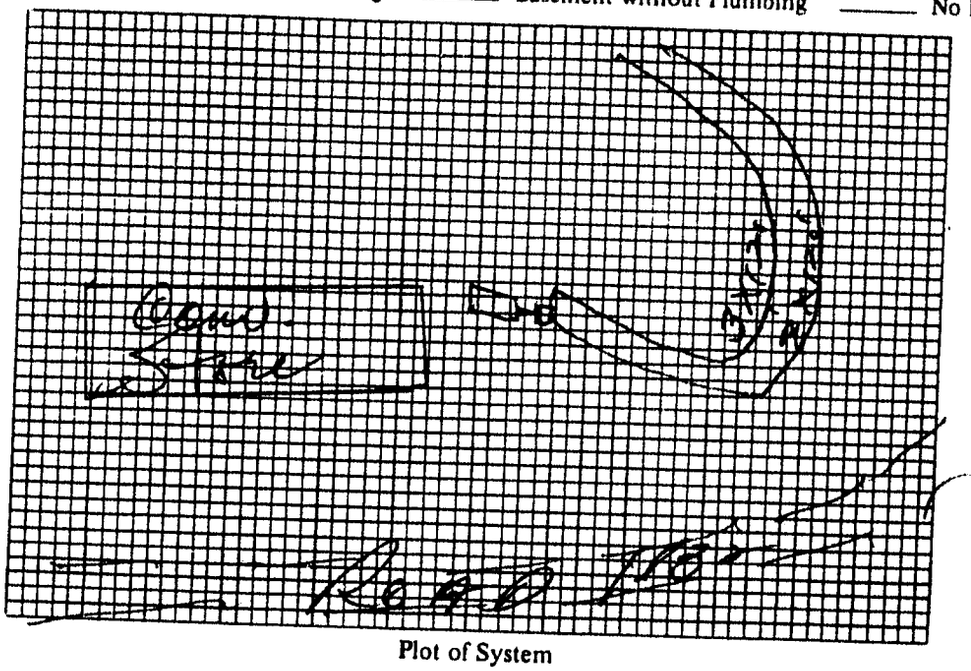
House ( ) Mobile Home ( ) Business (✓) Other Residence & Store 30x50

No. Bedrooms _____ No. Bathrooms 1

Lot Area _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clay Loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	4 Gal. Min.
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Level & Rolling
Site Suitable	Yes ( )	No ( )	Depth to Water Table	60"
			Rock or other impervious formations	None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 24

Water Supply: Individual (✓)
Public ( )

Installed by Tommy Kerr

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 5/1/85

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