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 Lewis McClelland DATE 10-18-79 PERMIT NO. _____

PHONE: Business _____ Home _____

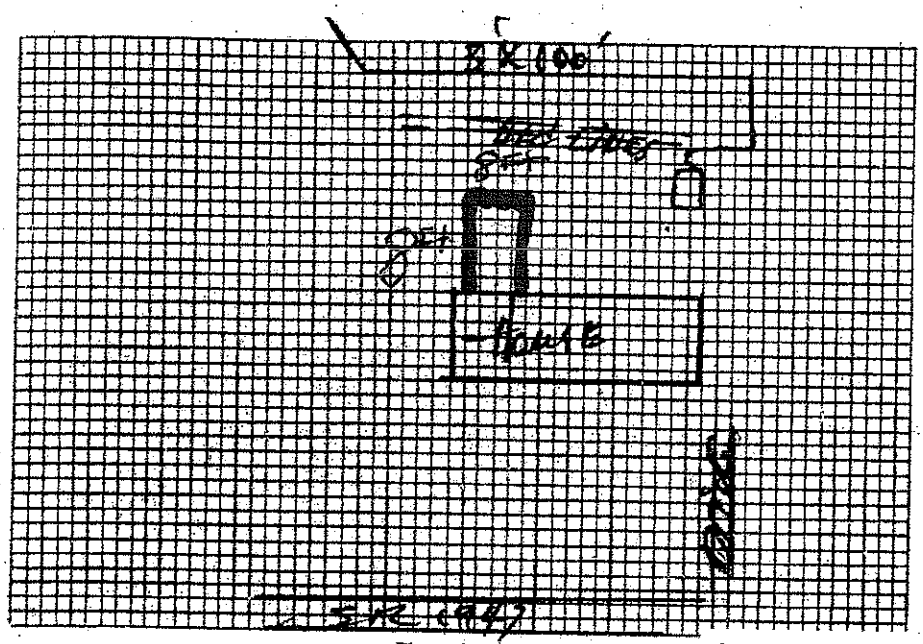
LOCATION Harmony, TL on Amlin Rd (SR 1843 - TL on SR 1939 TL on SR 1967 1st house on left S. R. No. 1967

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

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

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Repair No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Allen Gallimore

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Location of the proposed HANDICAP BATHROOM & addition does not appear to impact the existing on-site septic system.**NOTE: KEEP MINIMUM 5' FROM SYSTEM
R. STEVE HEDRICK REHS
Date: FEBRUARY 27 2013
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Glenn Fox DATE 10/18/79

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

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Draw Bathroom in