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 Ora Elledge DATE 4/22/24 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony – Turn left on Rd #1843 at Exxon Sta., Go 3/4 Mile Green House on Rt. S. R. No. 1843

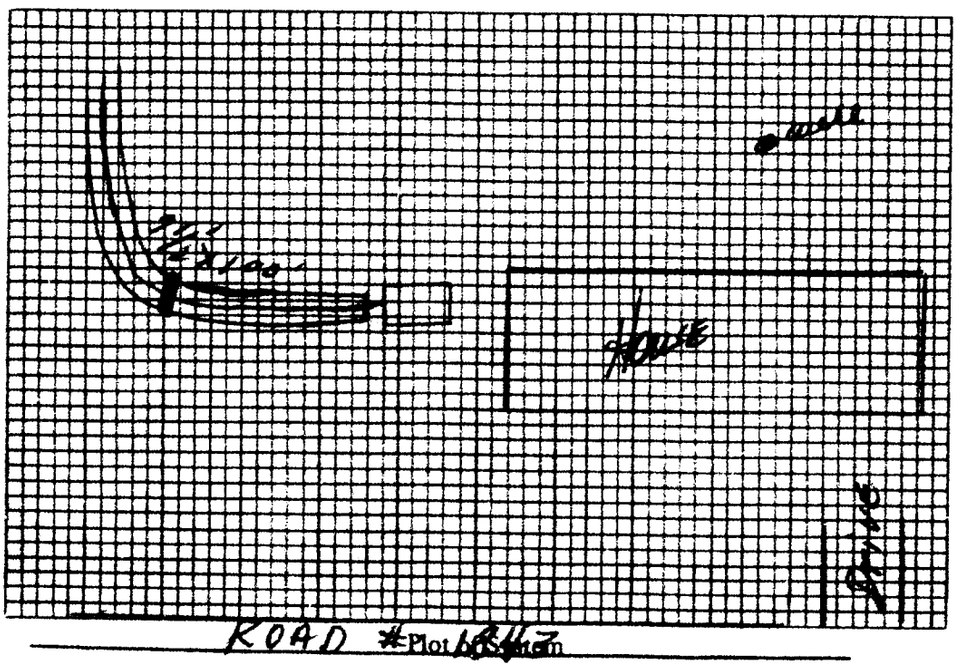
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Red Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1 min
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope To left side
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	none
			Rock or other impervious formations	none

Lot Area Adequate



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. 100 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Sammy Lewis

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd Jr. DATE 4/22/24

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