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 N. D. Gaither III DATE 6-14-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony - Ft on SR 1843 (Jamin Rd) TR on Rosemary Dr. 4th house on left S. R. No. _____

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 Cecil - Poor Suitable

Percolation Rate 5 gal/ft/min.

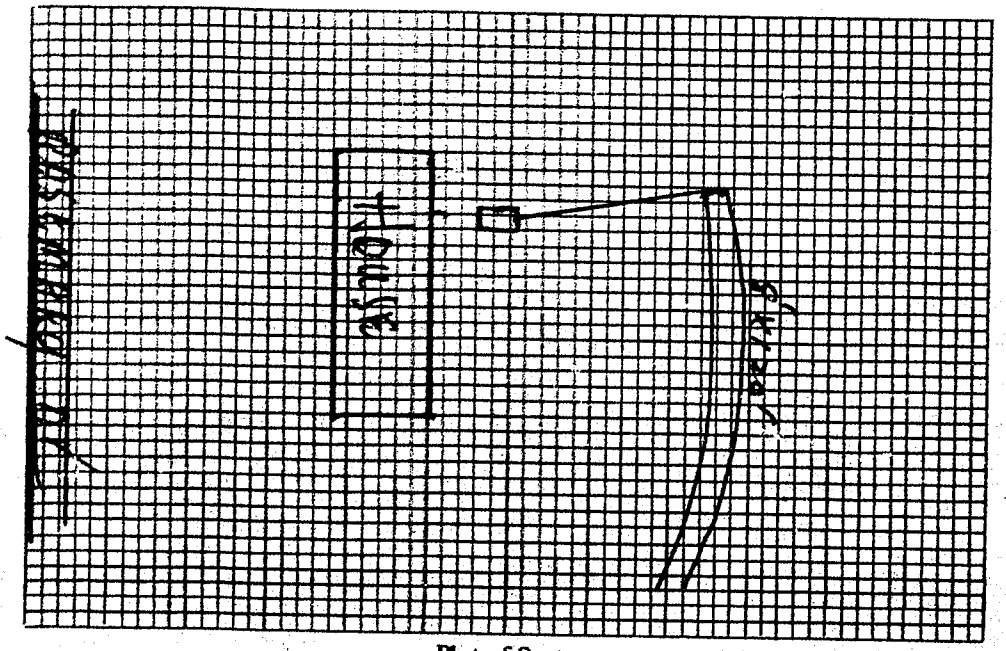
Topography G-Rolling

Depth to Water Table 10'

Rock or other impervious formations Rock

Lot Area 150 X 250

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 760 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Strand Bros.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Taylor DATE 6/14/83

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