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 Bob Ferguson DATE 8-23-78 PERMIT NO. _____

PHONE: Business _____ Home _____

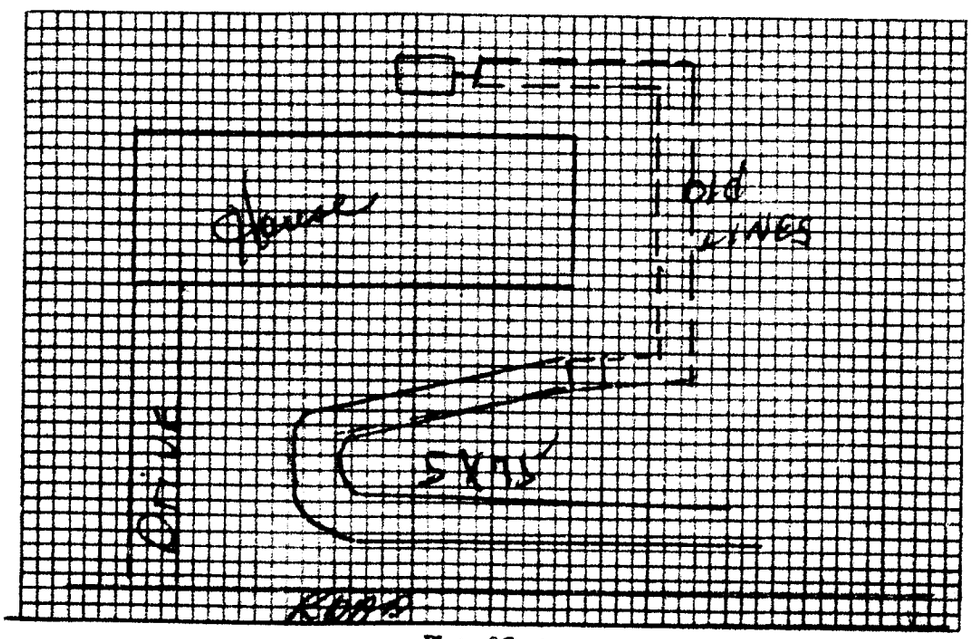
LOCATION 21 N to Harmony. Left on 901 - Go Approx 1/4 Mile TR on paved St. 2nd house on left S. R. No. _____

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

REPAIR

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

No. Bedrooms	3	No. Bathrooms	1½	Character & Porosity of Soil	Red Clay
Garbage Disposal Unit	Yes ( )		No (✓)	Percolation Rate	Fair
Auto. Dishwasher	Yes ( )		No (✓)	Topography	Slight Slope to Road
Auto. Wash. Machine	Yes (✓)		No ( )	Depth to Water Table	Unknown
Site Suitable	Yes (✓)		No ( )	Rock or other impervious formations	None
Lot Area	¼				



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 375 Linear Ft. 156
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Odell Gallimore

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 8/23/78

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