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 Harmony Cafeteria DATE 1-11-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony — S. R. No. _____

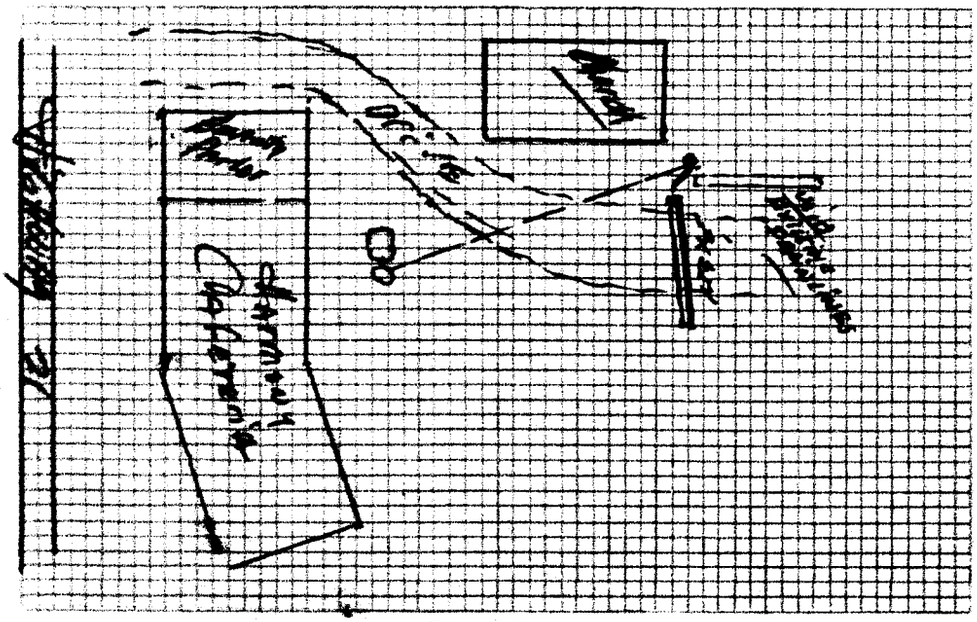
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

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

REPAIR EXISTING

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. 75 Linear Ft. 25
Depth of Stone in Lines 10" to 16" TON STONE
Water Supply: Individual ( )
Public (✓)

Installed by Ray Lentz

IMPROVEMENTS PERMIT BY _____

COMMENTS: Line originally laid out Yard - Mountain in Area.

CERTIFICATE OF COMPLETION BY _____ DATE 4/11/79

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