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 Grady Blackwelder DATE 11-16-79 PERMIT NO. _____

PHONE: Business _____ Home _____

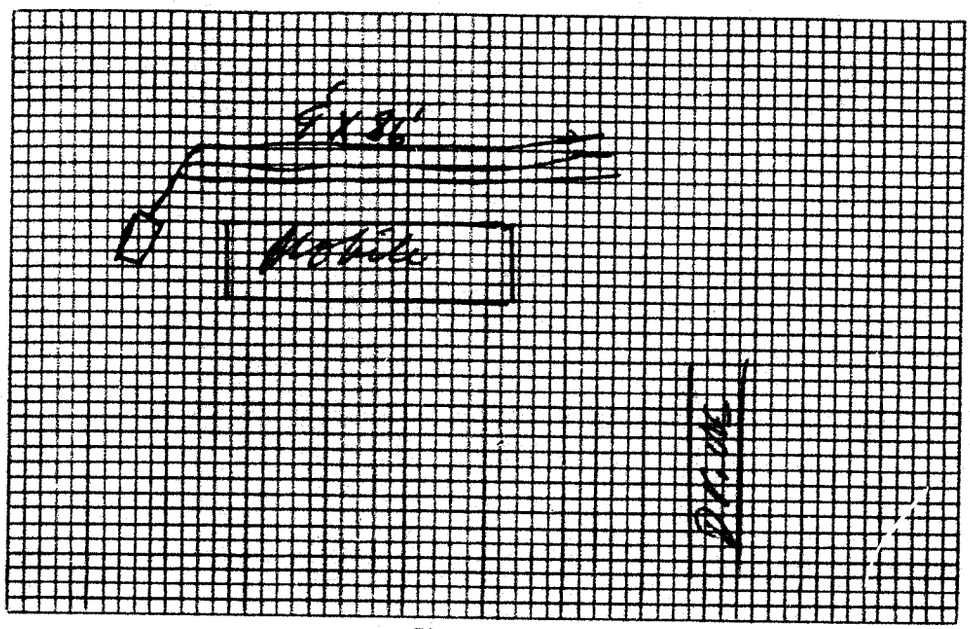
LOCATION Harmony – 901 E. TL on SR 2196 – TL into private drive 2nd lot on left. Linda Dr. S. R. No. _____

SUBDIVISION NAME Curbite 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	Fair, Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	0702
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 – 10% slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	none
Lot Area ½ Acre			Rock or other impervious formations	none



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Frank Johnson

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 11/16/79

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