00790

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 Thomas Grose DATE 3-16-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N to Harmony - TR on 901 E - TL on Linda Dr. TL on Dirt Street 1st Mobile Home on left

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

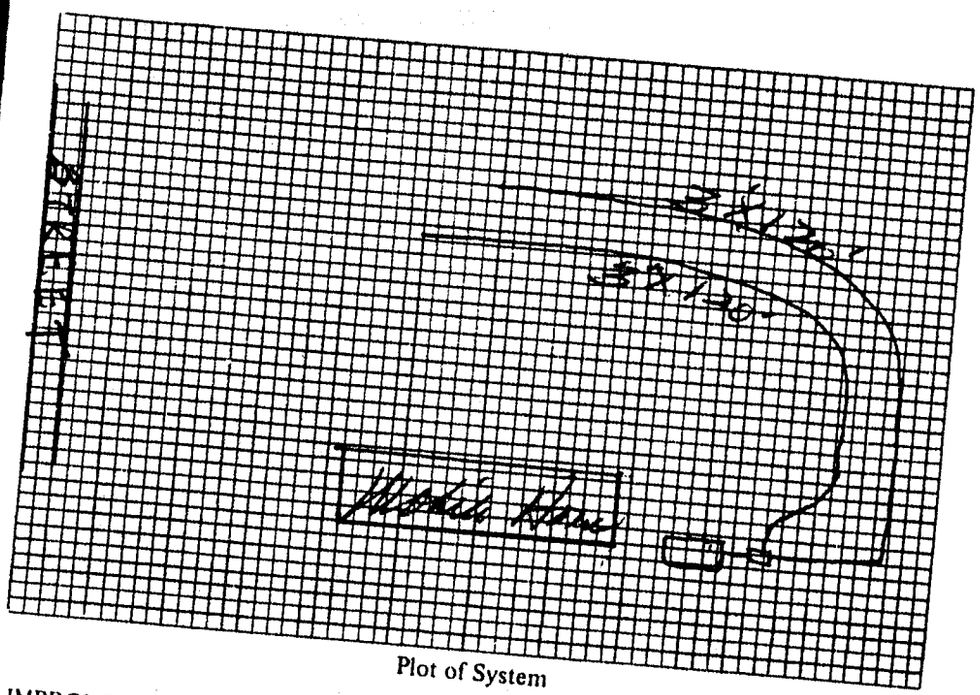
House ( ) Mobile Home (✓) Business ( ) Other _____ SECTION OR BLOCK NO. _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 100 X 200

Character & Porosity of Soil Cecil, Poor - Suitable
Percolation Rate See Sketch
Topography 2 - 6% Slope
Depth to Water Table 10'
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 13"
Water Supply: Individual ( )
Public (✓)

Installed by Jamie Hastings

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Gilmer Foster

EXISTING SYSTEM CHECKED BY: _____ DATE 3/16/84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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