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 Blankenship DATE 8-2-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony – 901 E Tl on SR 2194 – Tl on private Rd 2nd Mobile Home on Rt. S. R. No. _____

SUBDIVISION NAME Smith White LOT NO. 8 SECTION OR BLOCK NO. _____

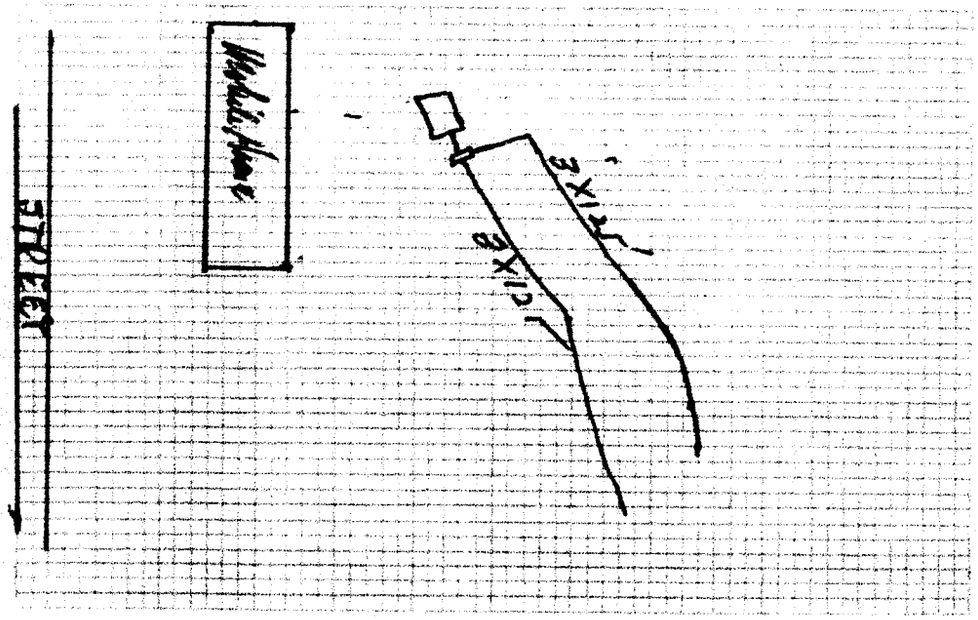
House ( ) Mobile Home (✓) Business ( ) Other _____ Rec. Suitable

No. Bedrooms 3 No. Bathrooms 1½

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 CFC2
Percolation Rate _____
Topography 6-10% Slope
Depth to Water Table over
Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Frank Johnson

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Foard DATE 8/2/79

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