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 Jimmy Frye DATE 4-29-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony – TL on Little Wilkesboro St – TR on SR 1837 Go approx. 1 Mile. Double Wide Mobile Home on Rt S. R. No. 1837

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

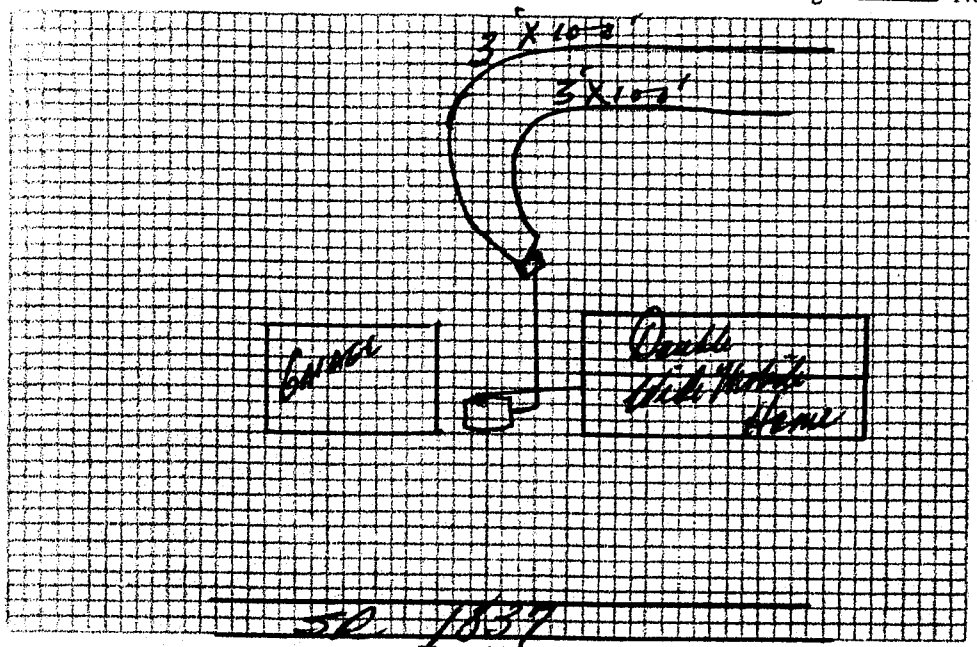
Double Wide

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Existing
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
Lot Area Adequate			Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 15"

Water Supply: Individual (✓)

Public ( )

Installed by Jimmy Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Replacing Mobile Home with Double Wide Mobile Home – Change of Drainfield in case basement is dug for new unit.

CERTIFICATE OF COMPLETION BY Glenn Todd Jr DATE 4/29/83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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