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 Tommy Lyle DATE 4 June 76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N thru Harmony to Rt 1840 on left near Harmony School. Go to Rt 1837 on Right. Go 1.1 miles. Trailer on Right S. R. No. _____

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

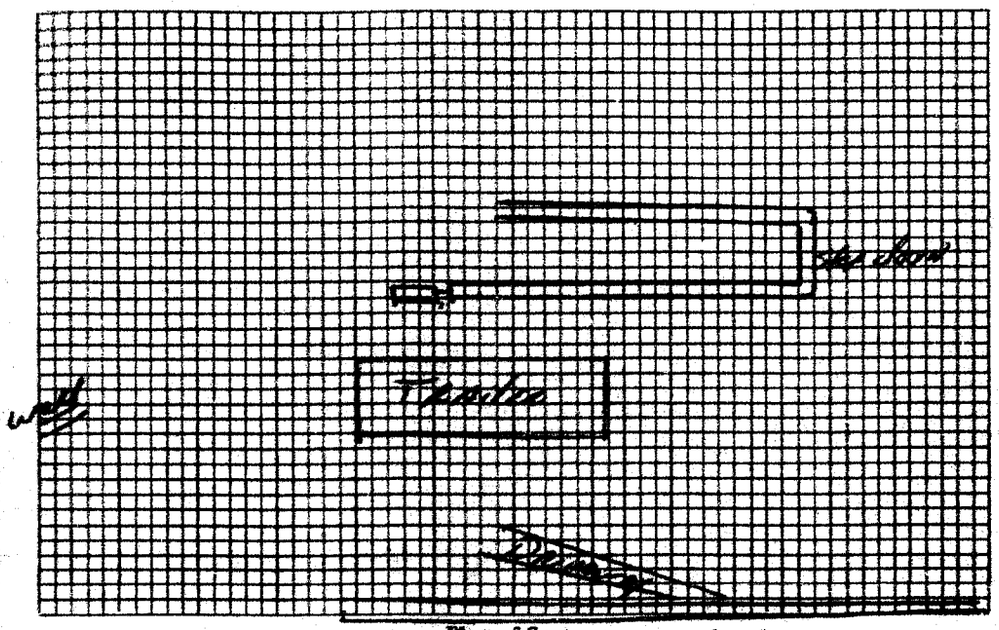
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Red Clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	none
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-6% Slope
Site Suitable	Yes ( )	No ( )	Depth to Water Table	∞
			Rock or other impervious formations	∞

Lot Area _____

Existing Syster



Plot of System Rt# 1837

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 562 ½ Linear Ft. 225
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by Sammy Reavis

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing syster - O.K for hook-up.

CERTIFICATE OF COMPLETION BY [signature] DATE _____

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