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 H B Clanton DATE 6-25-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony - 21N TL on Wilkesboro St. Log House on Right N/E Corner at Hunter St. S. R. No. _____

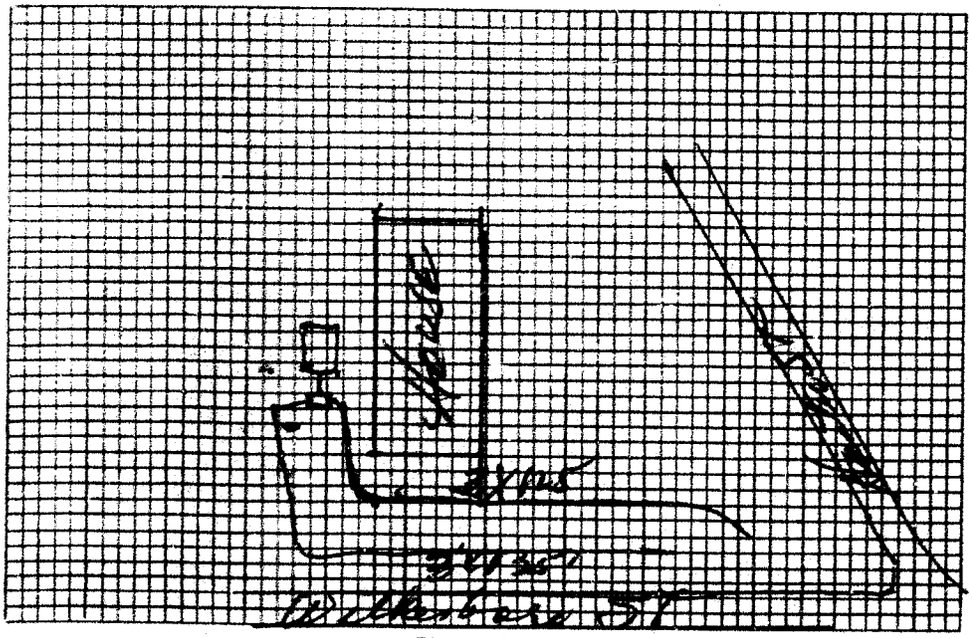
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	2	Character & Porosity of Soil	Clay
Garbage Disposal Unit	Yes (✓)		No ( )	Percolation Rate	
Auto. Dishwasher	Yes ( )		No (✓)	Topography	2-6% slope
Auto. Wash. Machine	Yes (✓)		No ( )	Depth to Water Table	
Site Suitable	Yes (✓)		No ( )	Rock or other impervious formations	Scattered rock

Lot Area .744

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16

Water Supply: Individual ( )
Public (✓)

Installed by Glenn Talley

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Foil Jr. DATE 6/25/81

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