IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 15C)

OWNER OR CONTRACTOR Larry Shaver DATE 10-9-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony - 21 N, TR on SR 1839 - Go approx 1 Mile - House on Rt. S. R. No. _____

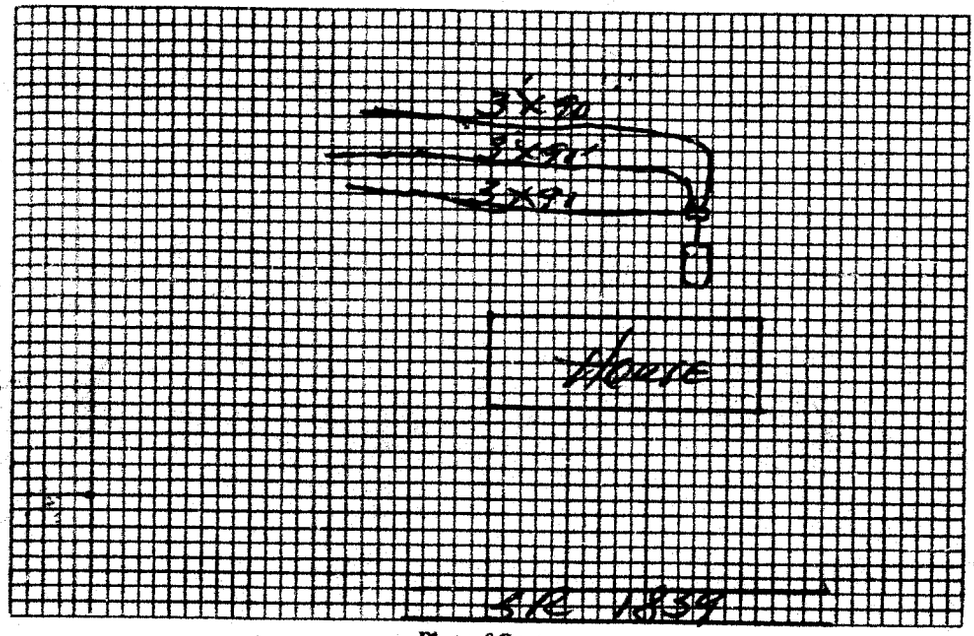
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____ Rev. Smith

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	C-FBz
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 - 6% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4 ft
			Rock or other impervious formations	None noted

Lot Area 1 3/4 Acres



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 810 Linear Ft. 270
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Tommy Rivers

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 10/9/79

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