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 Fred Wishon DATE 10-27-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony 21 N 2nd house on Rt past SR 2118

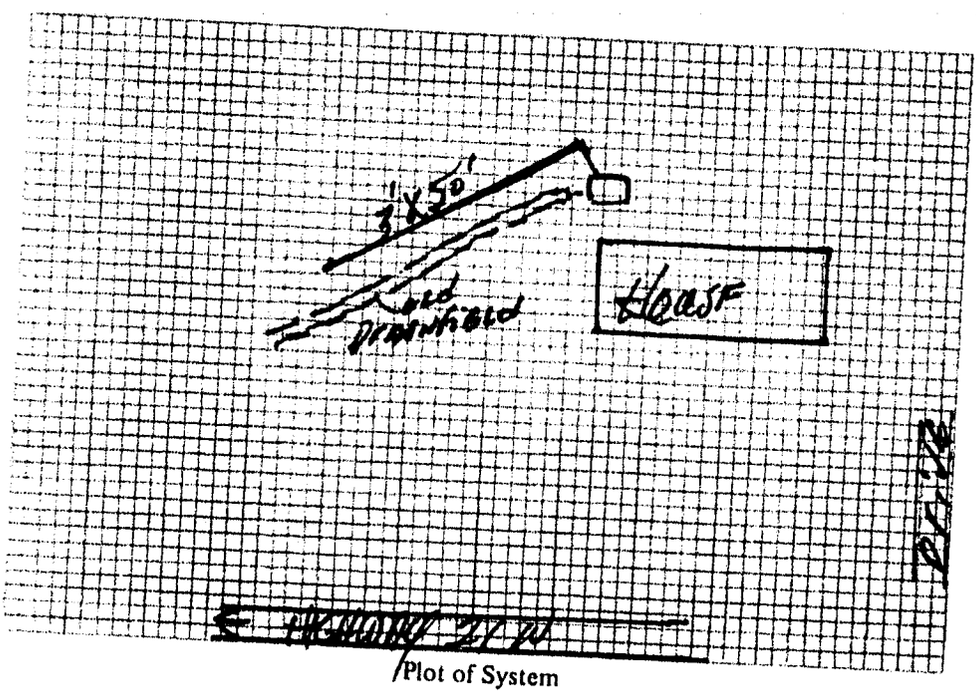
SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

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



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 150 Linear Ft. 50

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by A A A Enterprise

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Ford

EXISTING SYSTEM CHECKED BY: _____ DATE 10/27/83

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

DATE _____

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