01328

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 Doug Thorpe DATE 4-12-84 PERMIT NO. _____

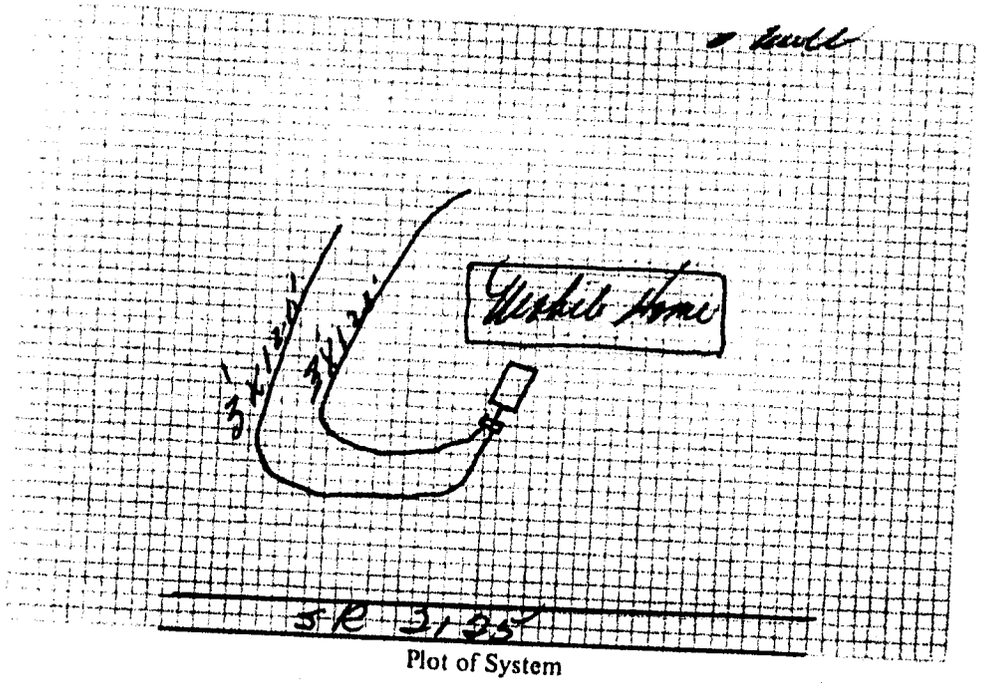
PHONE: Business _____ Home _____

LOCATION Harmony – TR on SR 2125 (Butler Mine Rd) 2nd Mobile Home on Rt. before Chicken House

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. 2125

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

No. Bedrooms	2	No. Bathrooms	2		
Garbage Disposal Unit	Yes ( )	No	(✓)	Character & Porosity of Soil	Gravelly Sandy Loam
Auto. Dishwasher	Yes ( )	No	(✓)	Percolation Rate	Slow to Fast
Auto. Wash. Machine	Yes (✓)	No	( )	Topography	2-6% Slope
Site Suitable	Yes (✓)	No	( )	Depth to Water Table	10'
Lot Area	Acreage			Rock or other impervious formations	Bedrock



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Tommy Lewis

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE 4/17/84

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