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 Shirley A. Simmons DATE 12-21-79 PERMIT NO. _____

PHONE: Business / Home _____

LOCATION Harmony 901 E - TL in Skyview Lake - Stay to right - 1st Mobile Home on Rt. S. R. No. _____

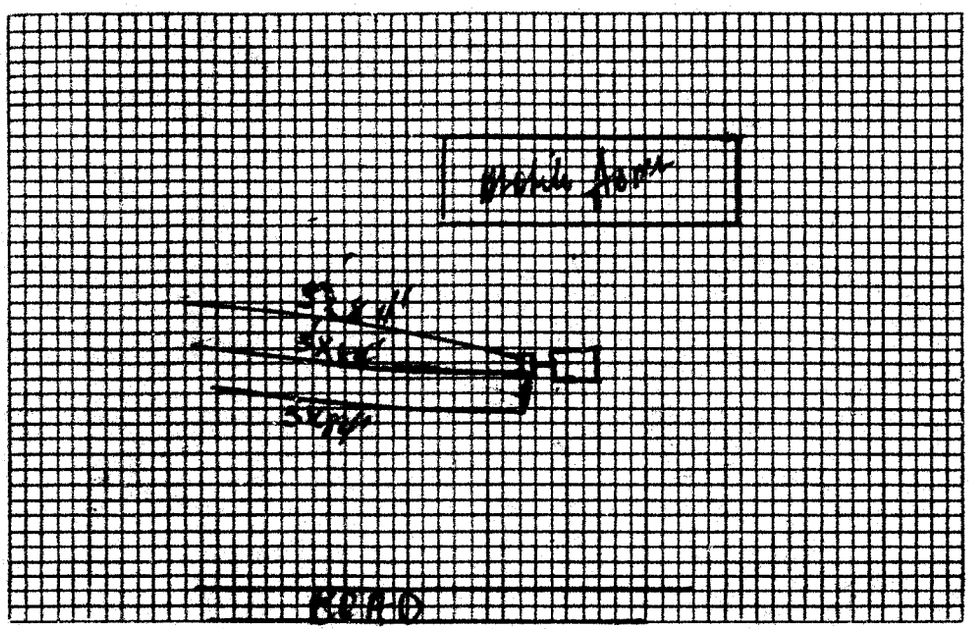
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____ Rep. Sanitarian

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-10% slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	over 12
			Rock or other impervious formations	none

Lot Area 30,000



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by William Cousins

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY William Lot Jr. DATE 12/21/79

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