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 Sandy Spring Bapt. Ch., DATE 6-12-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony - 21N to Statesville TR on SR 2115 - Go up SR 2105 - TL - Church past SR 2108 - S. R. No. 2105

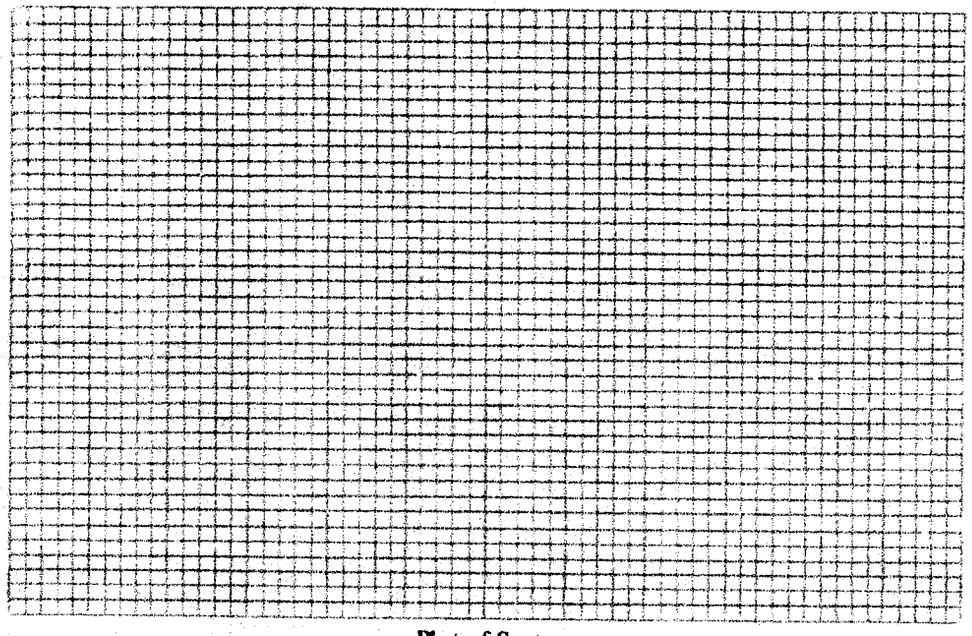
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (Addition) Other Addition - Education Bldg - 2 BATHS

No. Bedrooms _____ No. Bathrooms 2

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

Lot Area _____



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field: Septic
No. of Lines _____ Lineal Ft. _____
Sq. Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( ) System
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: EXISTING Septic TANK System NOT Surfacing AT TIME of INSPECTION -

CERTIFICATE OF COMPLETION BY _____ DATE 6/12/79

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