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 Perry Reed DATE Feb. 19, '87 PERMIT NO. 57

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 (Stovemaker) ~150' on Rt

S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 1690 SECTION OR BLOCK NO. 6

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

No. Bedrooms 4 No. Bathrooms 3

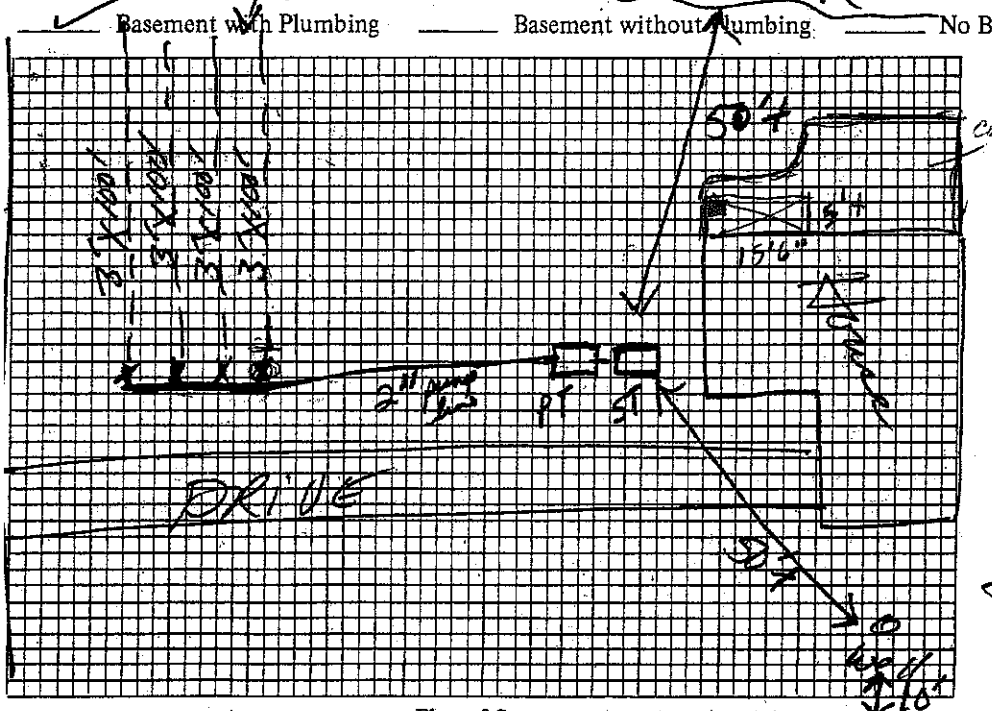
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area 20000 ft²+

Character & Porosity of Soil clay
Percolation Rate 4
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

1500 gal pump tank

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

X Signed: Perry L. Reed

~338 gal/user
at 20-22' TDH
~3/4 HP pump

IMPROVEMENTS PERMIT BY David R. Hunter

COMMENTS: Dose conventional drainfield using a ball valve at the head of each ditch w/ 1½" sch 40 pipe down the center of each ditch with 5/32" holes drilled every 5 feet. Dose at 2 foot of head/ditch. Call Health Dept if any questions.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ 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