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 Paul B Reynolds, JR DATE 7-12-85 PERMIT NO. 313

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 3/4 mile on R _____ S. R. No. _____

SUBDIVISION NAME Midland Head LOT NO. 97 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area 20,000 ft²

Character & Porosity of Soil clay

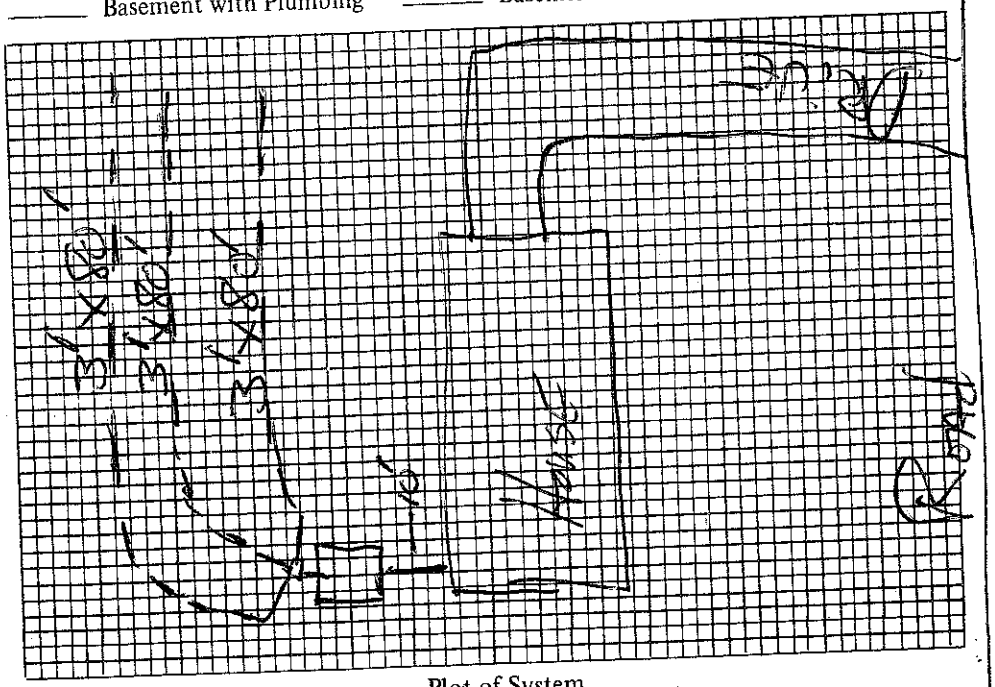
Percolation Rate 0.5 gal/ft²/day

Topography 2-4%

Depth to Water Table _____

Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3

No. of Lines _____

Sq. Ft. 330 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (X) H₂O system

Installed by T. Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 7-12-85

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

2-30

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 Paul B. Reynolds Jr. DATE 2-25-85 PERMIT NO. 73

PHONE: Business ____ Home ____

LOCATION 1100 ft 1179 3/4 mile on R ____ S. R. No. ____

SUBDIVISION NAME Mallard Head LOT NO. 97 SECTION OR BLOCK NO. ____

House ( ) Mobile Home ( ) Business ( ) Other ____

No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil Clay

Percolation Rate 0.5 gal/ft²/day

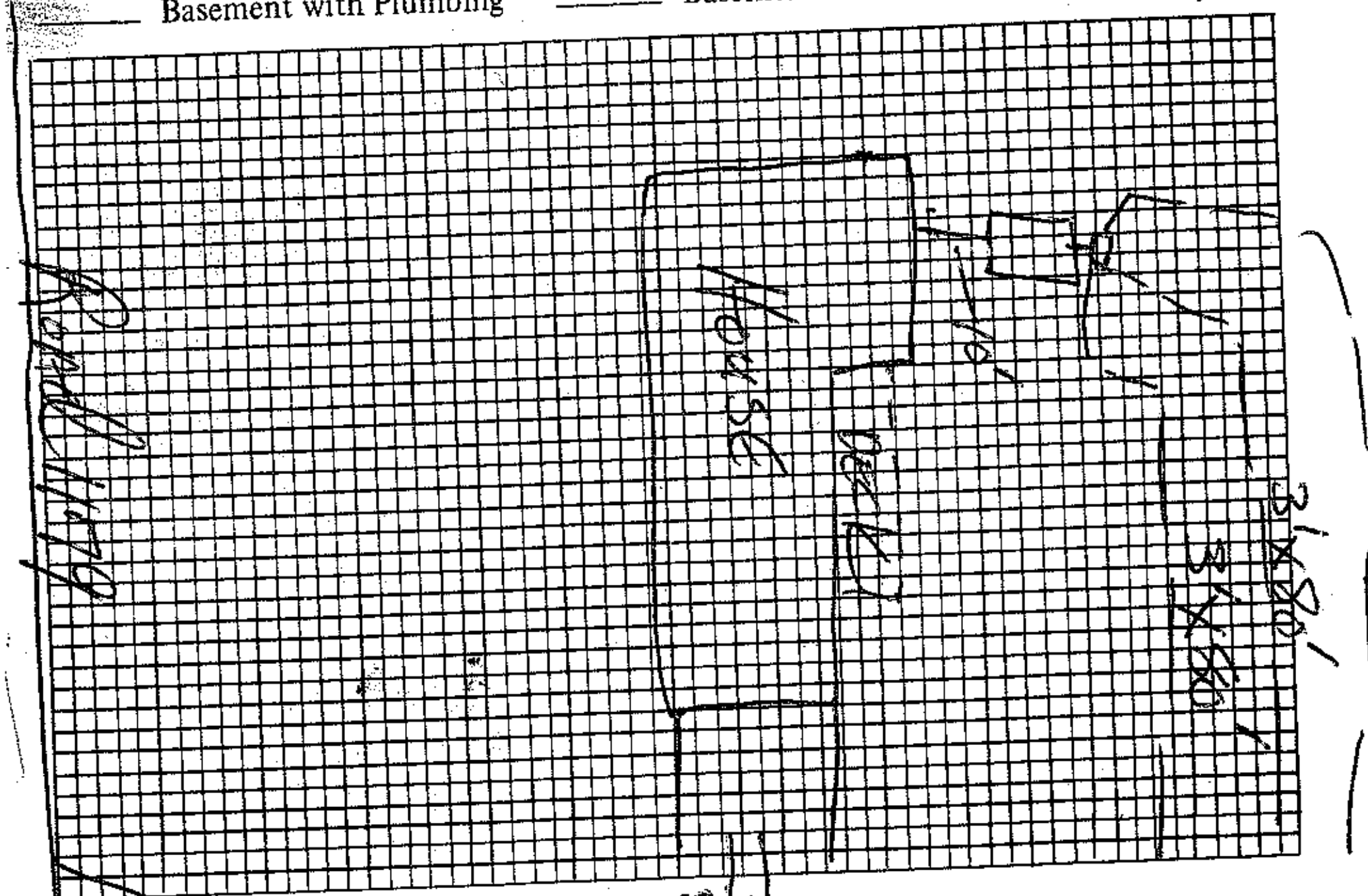
Topography 2-4%

Depth to Water Table 4'

Rock or other impervious formations None obs

Lot Area 20,000 ft²

____ Basement with Plumbing ____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( ) Public (X)

Community H2O

Installed by ____

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

Signed: X Paul B. Reynolds Jr.

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow, About 1.5' cover

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