4655171743

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 William C. Reese DATE 7-21-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TL 1136 (Faith Rd.) ~ ½ mile on left

S. R. No. _____

SUBDIVISION NAME Arkonwood LOT NO. 2 SECTION OR BLOCK NO. _____

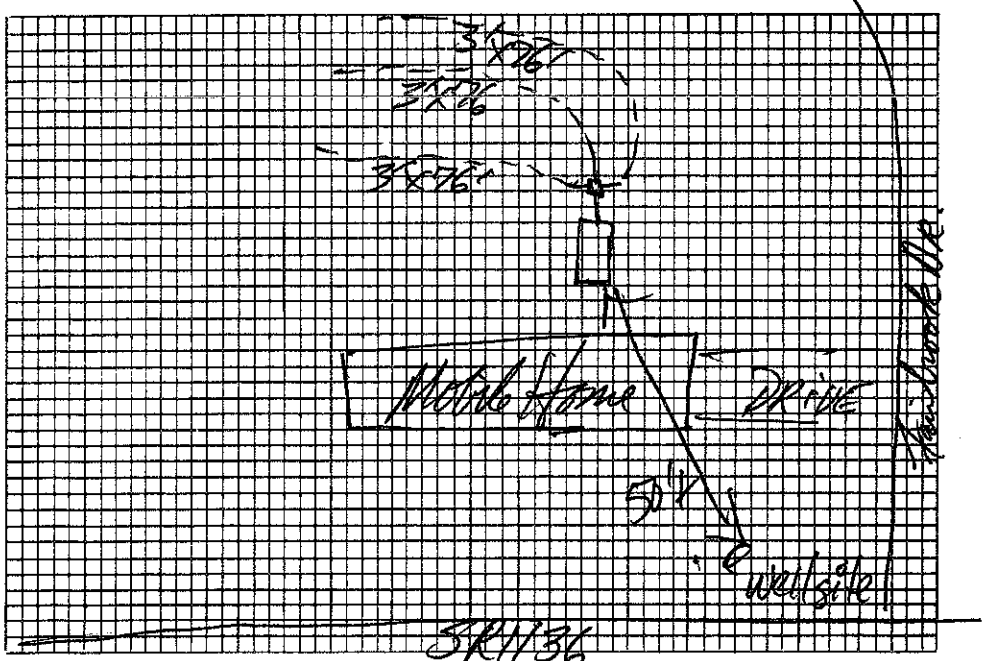
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	shallow clay	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	2.35	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'	
			Rock or other impervious formations	none obs.	

Lot Area .59 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 686 Linear Ft. 228
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Well not down

CERTIFICATE OF COMPLETION BY D. R. Johnson, R.S. DATE 7-21-87

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

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 William C. Reese DATE 7-14-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. to 1136 (Faith Rd.)

_____ S. R. No. _____

SUBDIVISION NAME Arrowwood LOT NO. 2 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

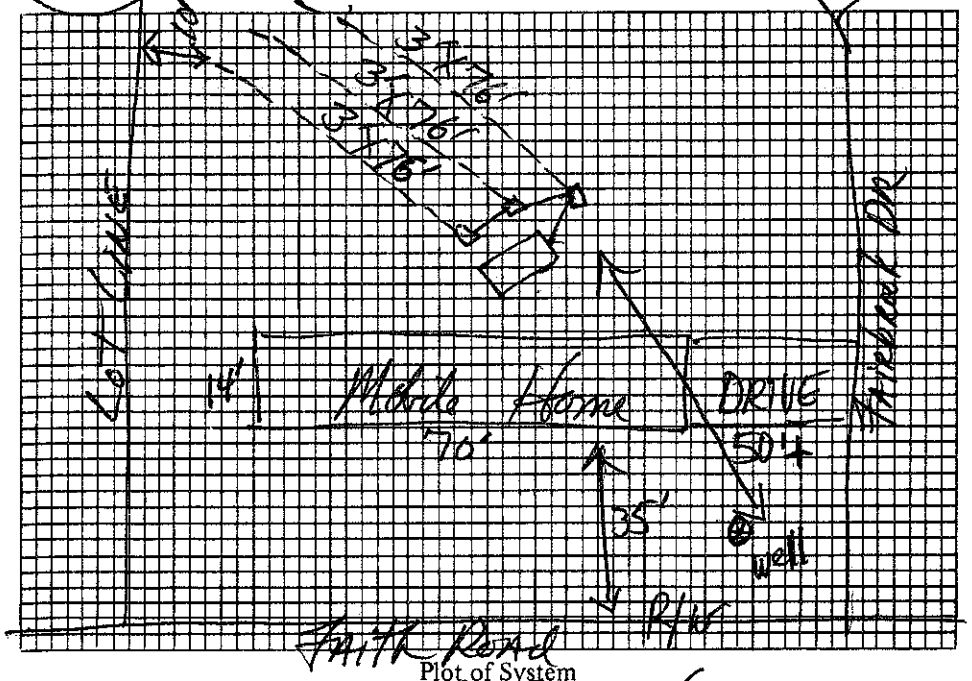
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil shallow clay
Percolation Rate 2.35
Topography 2-6%
Depth to Water Table 3'+
Rock or other impervious formations drainage mottles 3'+

Lot Area .59A

Fairview Dr.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 686 Linear Ft. 228
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.

Signed W C Reese

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: Keep system as shallow as possible. Follow contour.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold