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 Sandra Lynn Reynolds DATE March 9 '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 136 S. TR SR 1142 (Johnson Dairy Rd.) ~ 1/8 mile on Left

_____ S. R. No. _____

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

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

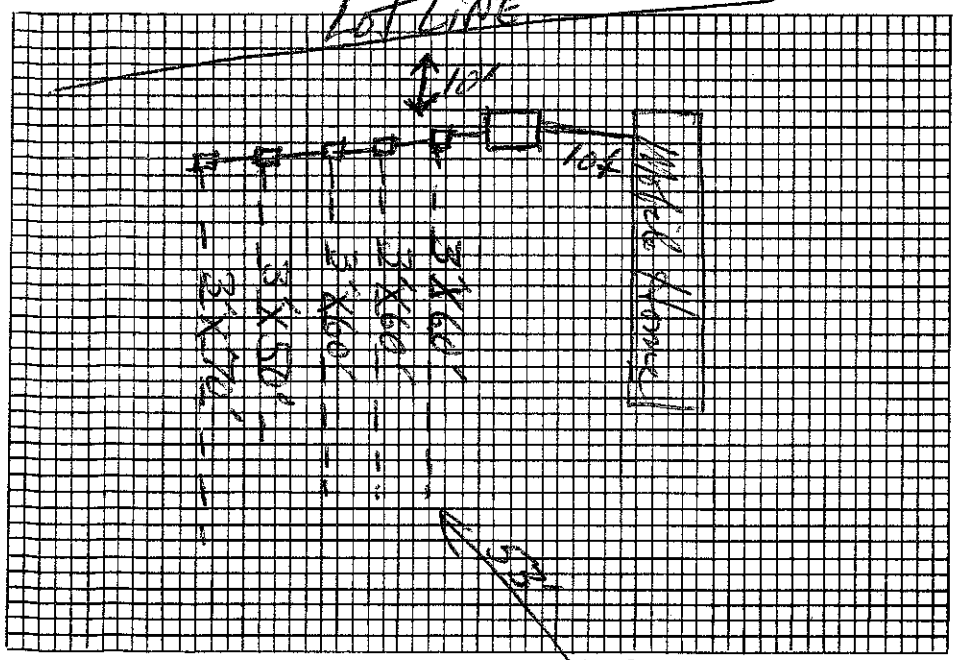
No. Bedrooms 3 No. Bathrooms 2

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 2, 4
Topography ~ 10-15%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 1.2'
Water Supply: Individual (✓)
Public ( )
Ex. Well next door

Installed by Jevon Benton

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

Signed: _____

IMPROVEMENTS PERMIT BY DKH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D K Hunter, R.S. DATE March 9, '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