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 BOB TRAVIS MHP DATE 10-5-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64-70 west - .8 mi past white Oaks on left.

S. R. No. _____

SUBDIVISION NAME TRAVIS TRAILER PARK LOT NO. 6 SECTION OR BLOCK NO _____

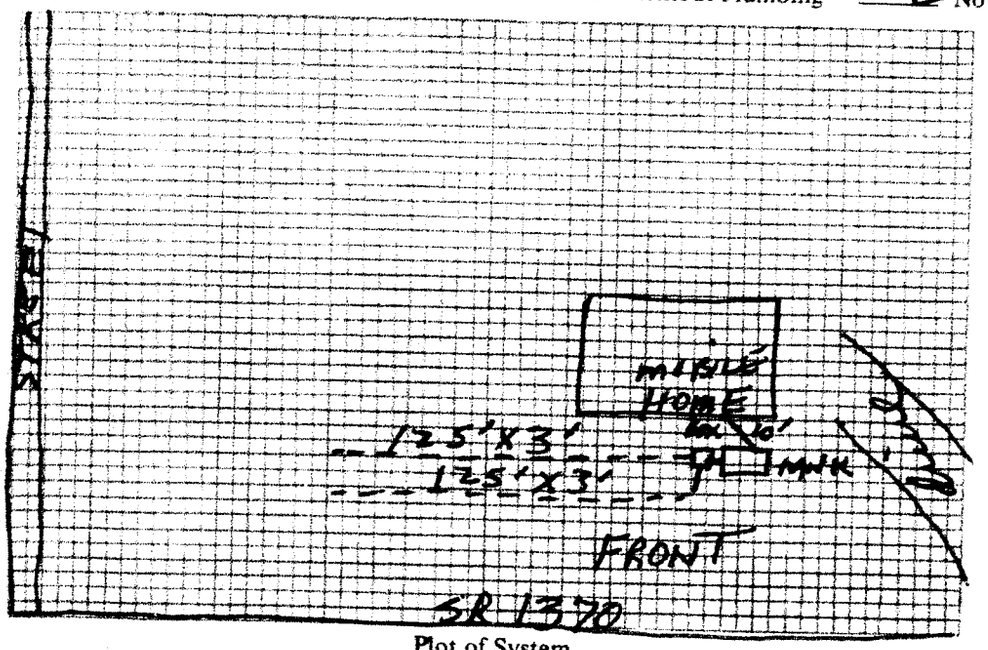
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1,5

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		cecil clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate		.5 gal/sq ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		2 - 10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table		70+
			Rock or other impervious formations		none observed.

Lot Area 15,000 sq. ft.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 2

No. of Lines _____

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 10" +

Water Supply: Individual ( )

Public ✓

Installed by Eddy Yount

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

Signed: _____

IMPROVEMENTS PERMIT BY Jerry L. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-5-82

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