CITY OF STATESVILLE.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR WILLARD AUTON DATE 7-28-92. PERMIT NO 6E-13-A-28.

PHONE: Business _____ Home _____

LOCATION 821 Belle Meade Ave. (Reynolds Rd.) - Hwy 70 W - T.R. on Reynolds Rd. at Bill's Welding Shop - go to 4th house past welding shop.

SUBDIVISION NAME D.G. REYNOLDS EST. LOT NO. 28. SECTION OR BLOCK NO. _____ S.R. No. _____

House [✓] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [ ] No [✓]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area Ample.

Soil Characteristics Prop. Suitable.

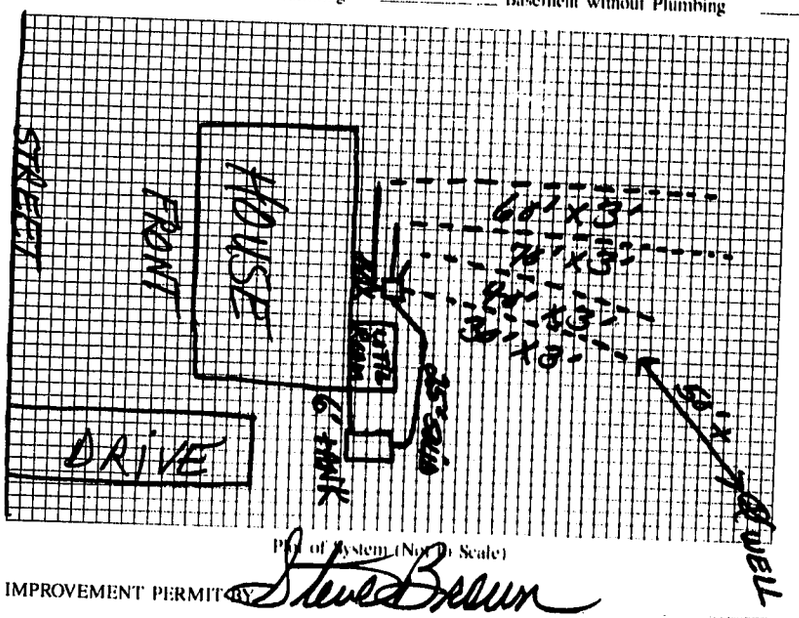
Application Rate .6 gal./sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not To Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual [✓]

Public [ ]

Installed by James Hudler

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Braun

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Braun DATE 7-28-92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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