IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

REPAIR

OWNER OR CONTRACTOR MANSELL REAMAN DATE 2/27/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DRIVE, TR REAMAN'S MHP ACROSS FROM MILLER FARM ROAD S. R. No. _____

SUBDIVISION NAME REAMAN'S MHP LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) ~~Business ( )~~ ~~Other~~ PARK

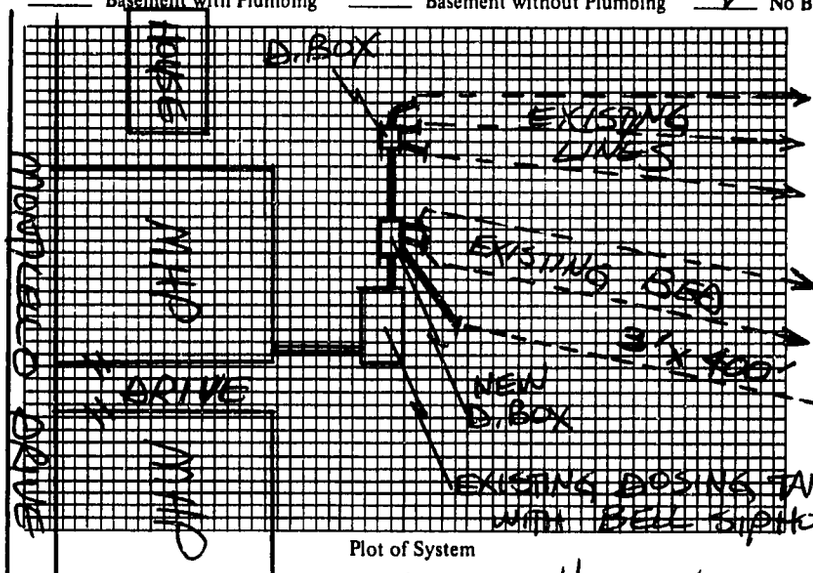
No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

MHP

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table EXISTING
Rock or other impervious formations _____

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

~8000 - DOSING
Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

AAA ENTERPRISES
Installed by BARRY SIGMON

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HERRICK

COMMENTS: NEW LINE WAS INSTALLED DURING PERIOD OF RAIN WHICH MAY AFFECT SYSTEM LIFESPAN.

CERTIFICATE OF COMPLETION BY STEVE HERRICK DATE 2/27/92

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 false information is supplied in making Improvements Permit.

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