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 PINKY & PHILLIP REAVIS DATE 3/31/92 PERMIT NO. REPAIR

PHONE: Business 878-2007 Home

LOCATION NC 115 N, TL OLD WILKSBORO ROAD, TR NORTHMONT DRIVE, 6TH HOUSE ON (R) S. R. No.

SUBDIVISION NAME NORTHMONT ACRES LOT NO. 9 SECTION OR BLOCK NO.

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

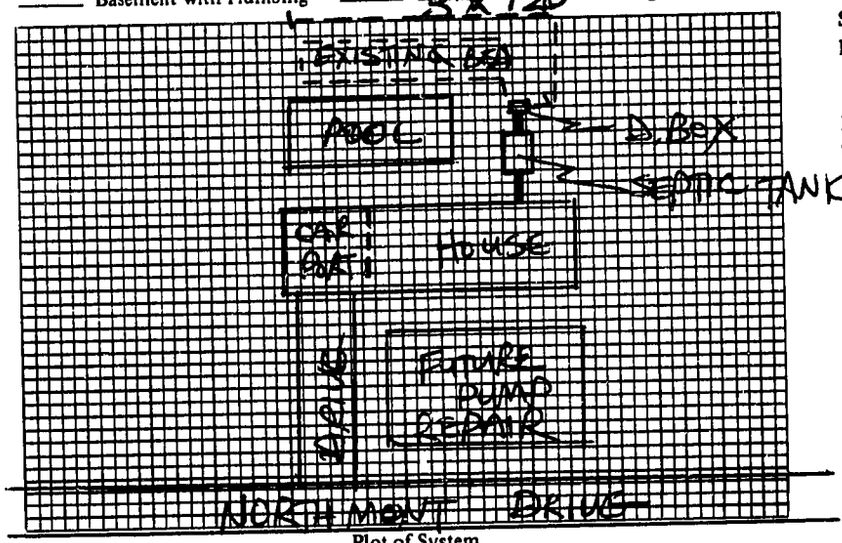
No. Bedrooms ____ No. Bathrooms ____

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

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

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 12"

Water Supply: Individual ( ) Public (✓)

Installed by WES LYTTON

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

Signed:

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS:

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 3/31/92

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