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 Ronalt Reit DATE 9-30-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70 E TR on shiloh ch Rd Then Turn into Homestead Estates 1st split level on left S. R. No. _____

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

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

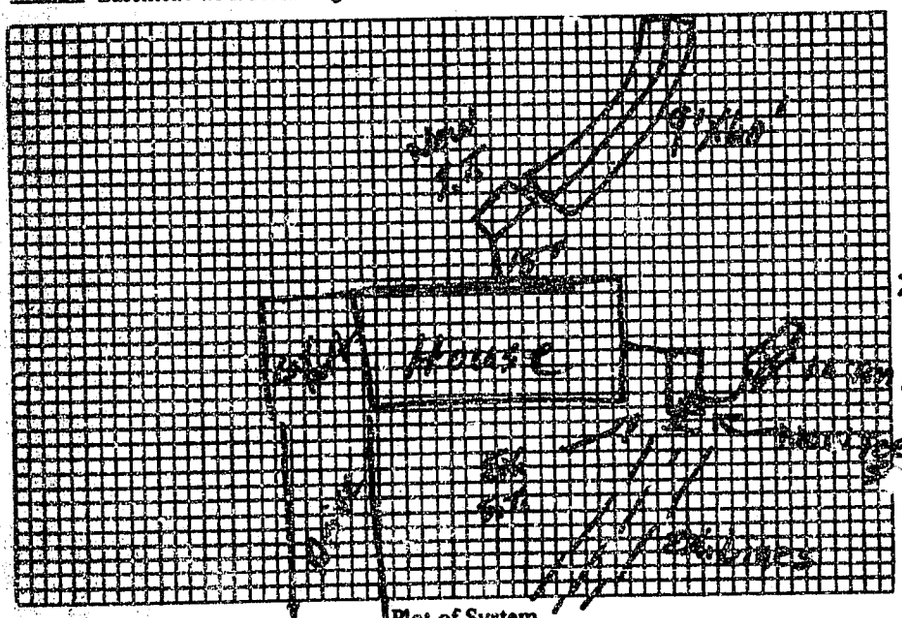
No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil Sandy parent material
Percolation Rate 2-4
Topography 2 to 8%
Depth to Water Table 10 ft
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 540 Linear Ft. 180
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)
+ 16 ton Pit for old System
Installed by Ronalt Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY E.C. Moore

COMMENTS: Split Plumbing Run all Groundfloor & upper level Plumbing in New System. Place washer on New System if Possible

CERTIFICATE OF COMPLETION BY E.C. Moore DATE 9-30-87

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