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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 Nancy Reavis DATE 4-9-15 PERMIT NO. 2015-12-I-A-205

PHONE: Business _____ Home _____

LOCATION 2 1/2 E. Harmony TR on 3015 TR on Crawfield Left 2 Mile NW. on Left S. R. No. _____

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

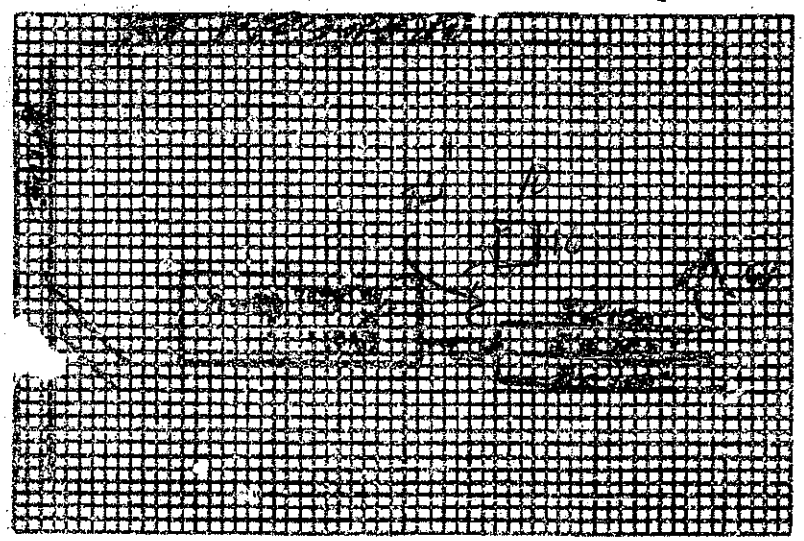
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Red Sandy Clay

Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	45	
Auto. Dishwasher	Yes ( )	No (✓)	Topography	Level	
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	10+	
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	None	

Lot Area 28 ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 700 Linear Ft. 300
Depth of Stone in Lines 24"

Water Supply: Individual ( )
Public (✓)

Installed by Nancy Reavis

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY D. Gilmore

COMMENTS: _____

Location of the proposed 10'x 16' addition does not appear to impact the existing on-site septic system.**NOTE:

REHS

Date: 8-14-15

ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY _____ DATE _____

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