01706

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 William Randy Reaves DATE 7-9-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 E - Tr on Highway 64 E (St Louis Co Line) Tr on SR 2148 Tr on SR 2145 (Cub Valley Rd) Double Wide Mobile Home on Rt

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. 2145

House ( ) Mobile Home (✓) Business ( ) Other Rental SECTION OR BLOCK NO. _____

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 1.5 Acres

Character & Porosity of Soil Loam Clay Loam Sandstone

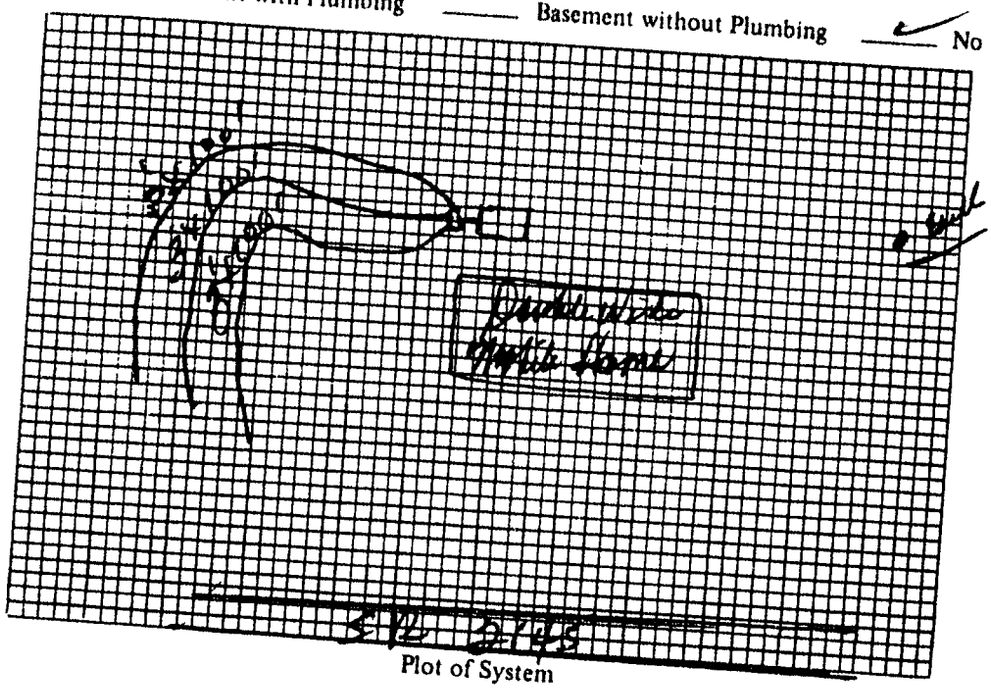
Percolation Rate _____

Topography 2 - 6% slope

Depth to Water Table _____

Rock or other impervious formations 10' Sandstone Rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 700 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed ~~X~~ Lewis Chaffin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Dodd Jr. DATE 7/9/84

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