07364 Alan Lewis 204407

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 Vance McMahon DATE 11-2-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 901 Turn on Talon Ch. Rd TR on Jericho 1/4 mi on left S. R. No. _____

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

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

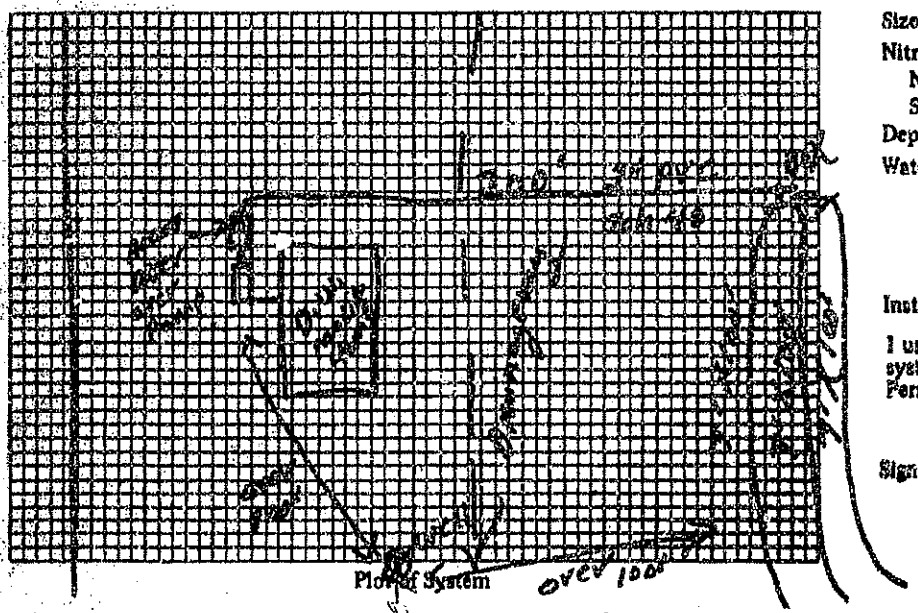
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clay Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Rolling
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'+
			Rock or other impervious formations None

Lot Area 9 1/2 acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 Gal



Size of Tank 1000 Pump Tank

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Sammy Reavis

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

Signed: _____

IMPROVEMENTS PERMIT BY E. C. [illegible]

COMMENTS: _____

Location of the proposed 24'x24' Shed addition does not appear to impact the existing on-site septic system or well. **NOTE:

REHS Date: 07/31/14
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY E. C. Moore DATE 11-2-87

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