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 Marlene Reavis DATE Sept. 12, 1977 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2 1/2 N T.L. on N.C. 901 T.R. on SR. 1836 T.L. on SR. 1835 - ~1/2 mi. on Left. S. R. No. _____

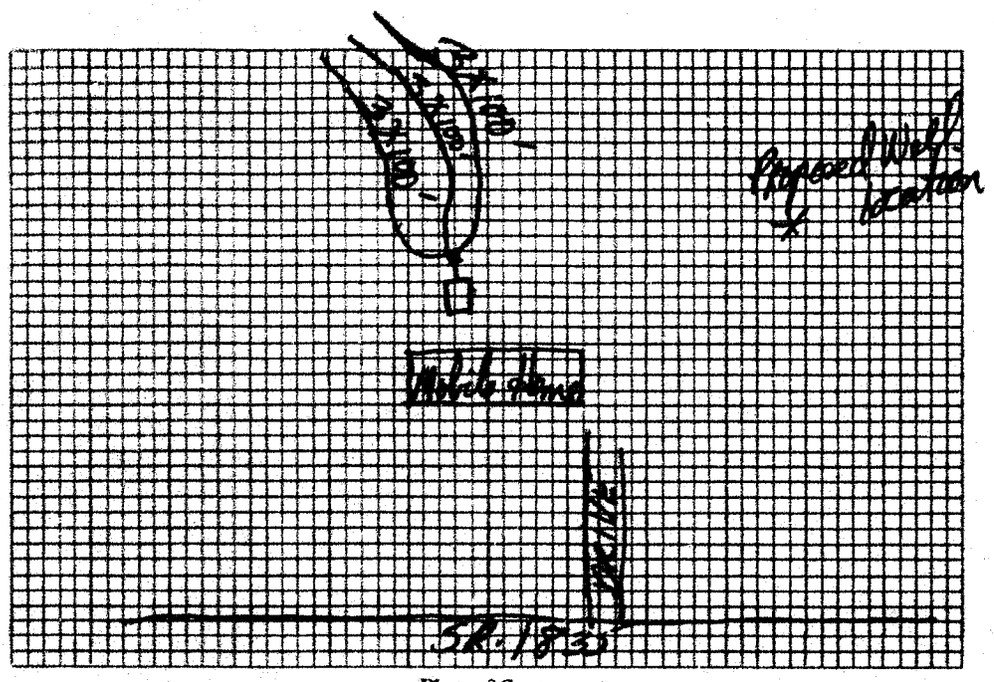
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 5 Ac.

Character & Porosity of Soil Cecil clay loam
Percolation Rate —
Topography 2-4%
Depth to Water Table sink
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Roy Lentz

IMPROVEMENTS PERMIT BY R. L. Henson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David Henson DATE Sept. 12, 1977

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold