IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

10511

OWNER OR CONTRACTOR Terry Lee Reaves DATE 11685 PERMIT NO. 1811-16-285

PHONE: Business _____ Home _____

LOCATION Allaces Lane Block Shop

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

SECTION OR BLOCK NO. _____

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

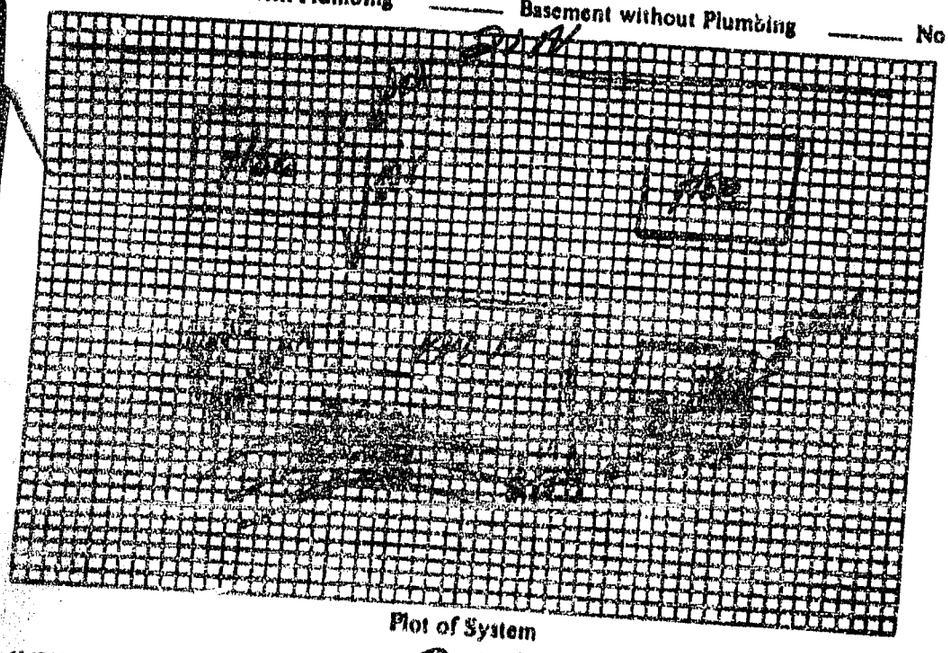
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 AC

Character & Porosity of Soil Appears suitable
Percolation Rate _____
Topography _____
Depth to Water Table 20" 72"
Rock or other impervious formations Scattered 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. 240 Linear Ft. 320
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Wayne Bates

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

Signed: _____

IMPROVEMENTS PERMIT BY D Nelson

COMMENTS: Will be fed by Terry Reaves & Weaver Vestal

CERTIFICATE OF COMPLETION BY D Nelson

EXISTING SYSTEM CHECKED BY: _____ DATE 11685

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

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