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 Lonnie Reamer DATE 27 Sept 74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N thru Hamrick to Powell Bridge Rd on right - 1st past 2 house on left. House on left off road S. R. No. _____

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

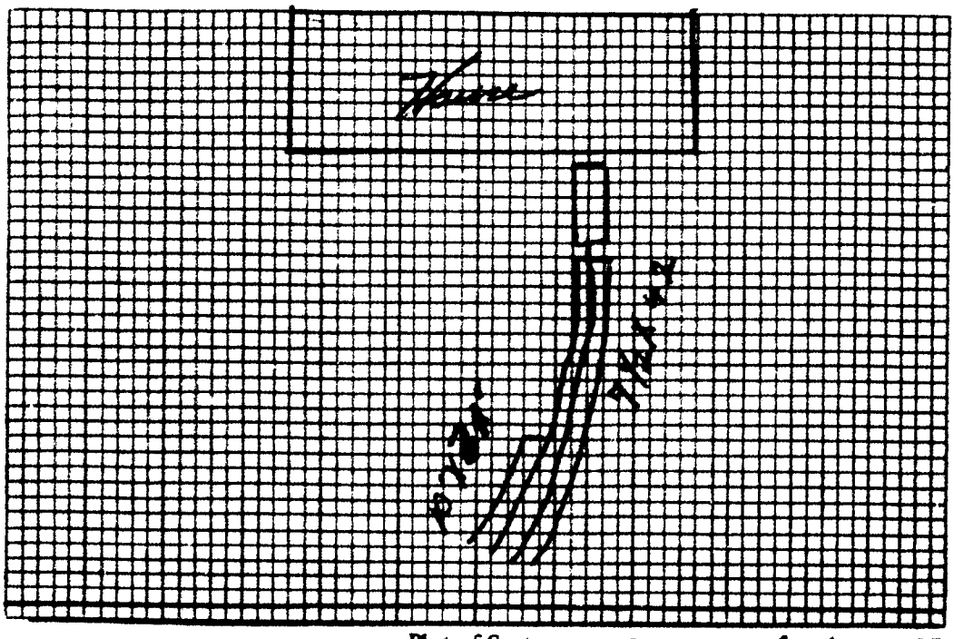
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	none
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope to right of house
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	ok
			Rock or other impervious formations	ok

Lot Area acreage

well



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

well

Installed by Lonnie Reamer

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wm Howard DATE 27 Sept 74

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