02915

I

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 John H. Reams DATE 4/6/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony - 901 & Tom Sr. 2126 past Davie Co. Line Tom SR 2127 (Hardy Rd) Go to end of Rd at Creek S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Camp Ground - Boat House 6 cabins 2 apts

No. Bedrooms _____ No. Bathrooms 2 ( ) Character & Porosity of Soil Clay Loam

Garbage Disposal Unit Yes ( ) No ( ) Percolation Rate 4 Min per ft avg

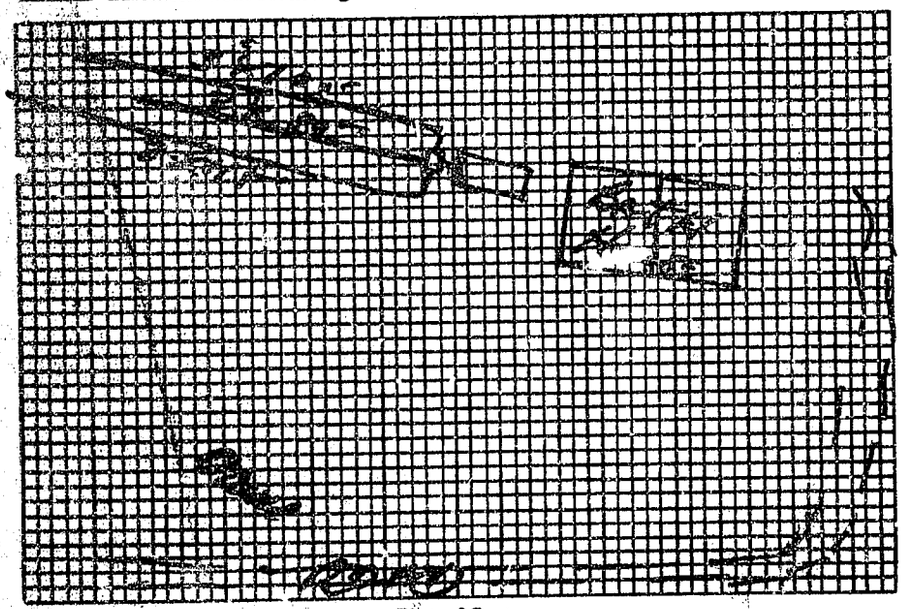
Auto. Dishwasher Yes ( ) No ( ) Topography Gently Sloping

Auto. Wash. Machine Yes ( ) No ( ) Depth to Water Table Not Found

Site Suitable Yes ( ) No ( ) Rock or other impervious formations Not Found

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 200 Linear Ft. 500

Depth of Stone in Lines 24

Water Supply: Individual (✓)

Public ( )

Installed by Earl Barber

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 4/6/87

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