IREDELL COUNTY HEALTH DEPARTMENT

12,190

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

OWNER OR CONTRACTOR Bob McLemore DATE 3/11/91 PERMIT NO. 201-A-1860

PHONE: Business _____ Home _____

LOCATION Brawley School, Rt on Stonemarker #587, Lear Ln., Property on R

S. R. No. _____

SUBDIVISION NAME Stonemarker LOT NO. 9 SECTION OR BLOCK NO. _____

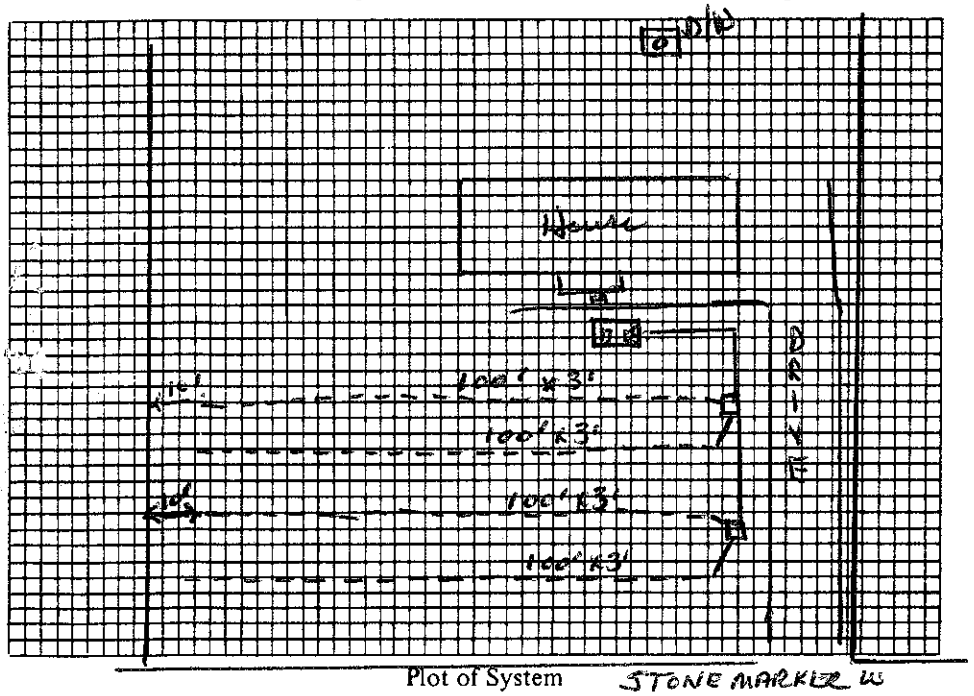
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	7-48"
			Rock or other impervious formations	none encd

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System STONE MARKER W

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4a
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Richard Abernethy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/11/91

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