IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 38

OWNER OR CONTRACTOR RSMB Enterprises DATE 2-8-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 3/4 mile TR Brook Ridge Drive Near End on left

S. R. No. _____

SUBDIVISION NAME Brook Ridge Stores LOT NO. 4 SECTION OR BLOCK NO. II

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

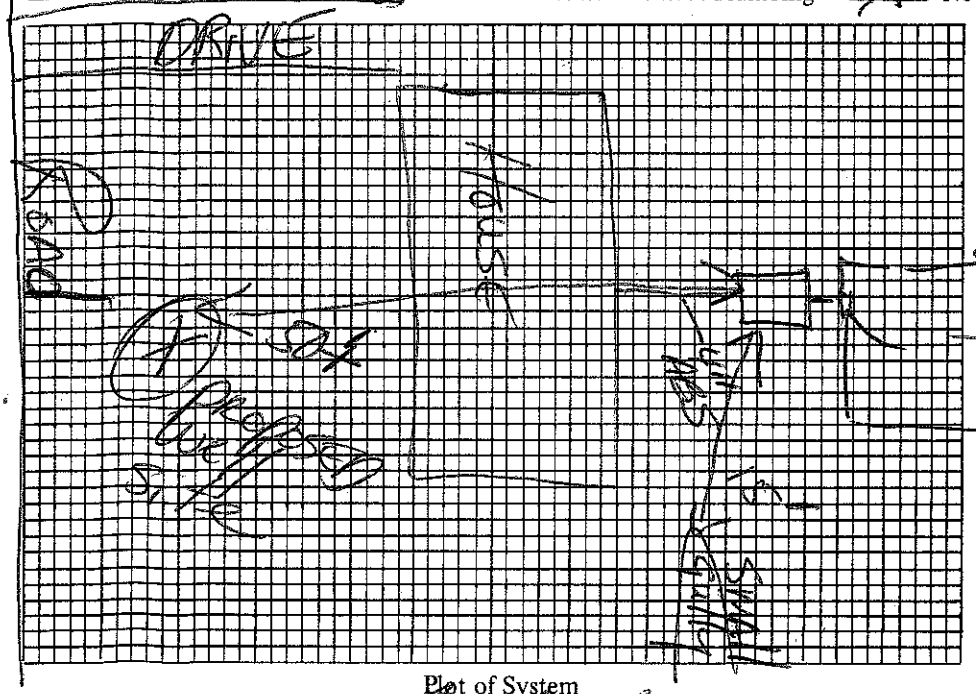
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate 0.5 gal/ft²/day
Topography 2-8%
Depth to Water Table _____
Rock or other impervious formations NONE OBS.

Lot Area 20,000 Ft²

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: Richard B Harrell

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow, About 1.5' COVER

CERTIFICATE OF COMPLETION BY _____ DATE _____

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