4626665990

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 RSMB Enterprises DATE 5-13-85 PERMIT NO. 200

PHONE: Business _____ Home _____

LOCATION 1100 TR1115 3/4 mile TR Brook Ridge Drive
Near end on left S. R. No. _____

SUBDIVISION NAME Brookridge Shores LOT NO. 4 SECTION OR BLOCK NO. 7

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

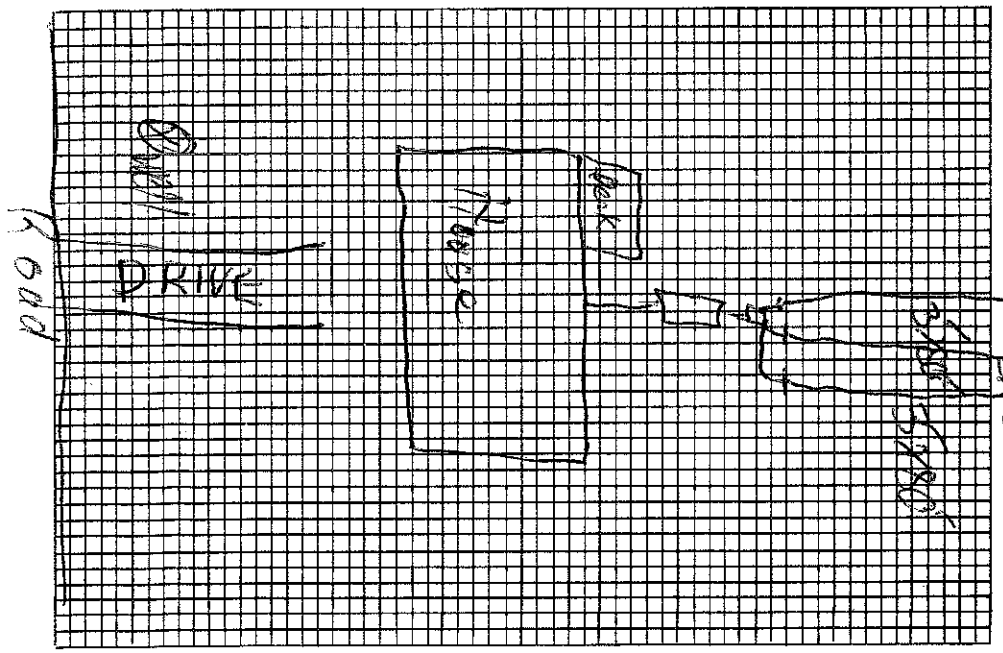
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000+ ft2

Character & Porosity of Soil clay
Percolation Rate .3 gal/ft2/day
Topography 2-8%
Depth to Water Table 4'
Rock or other impervious formations None obs

_____ 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: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer & Charles K. Barnett DATE 5-13-85

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