10.00

IREDELL COUNTY HEALTH DEPARTMENT

02773

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR: David Tatman DATE: 3-12-85 PERMIT NO. 85

PHONE: Business ______ Home ______

LOCATION: 1100 TR 1115 ~ 1 Mile TR 2nd Entrance Lot on end on left of culdesak S. R. No. ______

SUBDIVISION NAME: Brookridge Shores 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

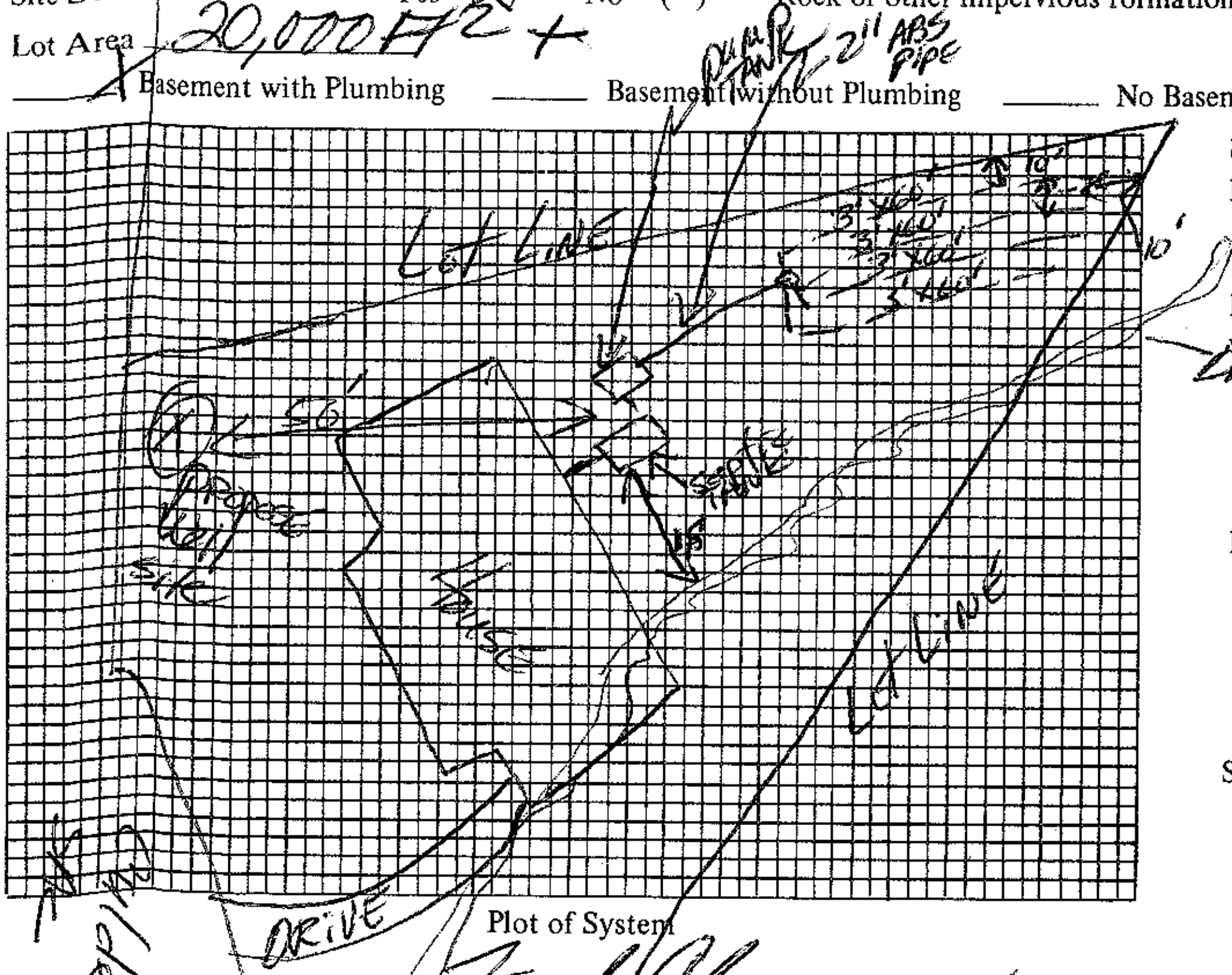
Topography: 2-8%

Depth to Water Table: 4'

Rock or other impervious formations: NONE obs.

Lot Area: 20,000 Ft² +

X Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

1000 pump tank w/baffell

Size of Tank: 1000 Gals.

Nitrification Field:

No. of Lines: 4

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: X David M Tatman

IMPROVEMENTS PERMIT BY: Fred Clemmer

COMMENTS: Use good quality effluent pump + associated Hi water alarms & MAINTAIN 15' FROM DRAW with any PART of Sewage system

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