10434

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 Robert Harm DATE 9/5/89 PERMIT NO. _____

PHONE: Business _____ Home 892-3119

LOCATION 1100 TR McKendrie TR 2nd entrance to Brookridge (Phase I) On R. (1st lot) S. R. No. _____

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

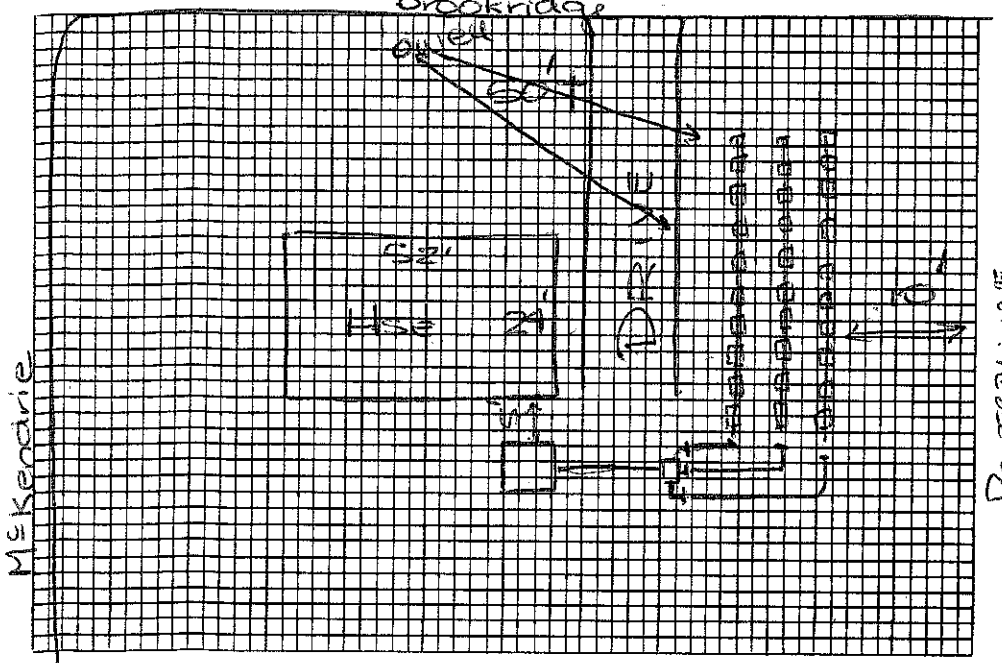
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6%
Site ~~Suitable~~ P.S.	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area 20000ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 165' of
Depth of Stone in Lines 16" T and J
Water Supply: Individual ( ) panels.
Public ( )

Installed by _____

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

Signed: R L Harm

IMPROVEMENTS PERMIT BY Andre C. Pierce, R.S

COMMENTS: Set tank 5' from house/deck. Run solid Sch. 40 4" pipe to distribution box 4" Pipe out of d-box. Use 4"to2" reducers and flow dividers to insure proper distribution. Install ditches at 28" deep to bottom.

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