10434

PW# 4624-68-8848

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 Nov. 20, 89 PERMIT NO. 3F-10-A-7

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) TR 2nd entrance into Brookridge Shores corner lot on Right S. R. No. _____

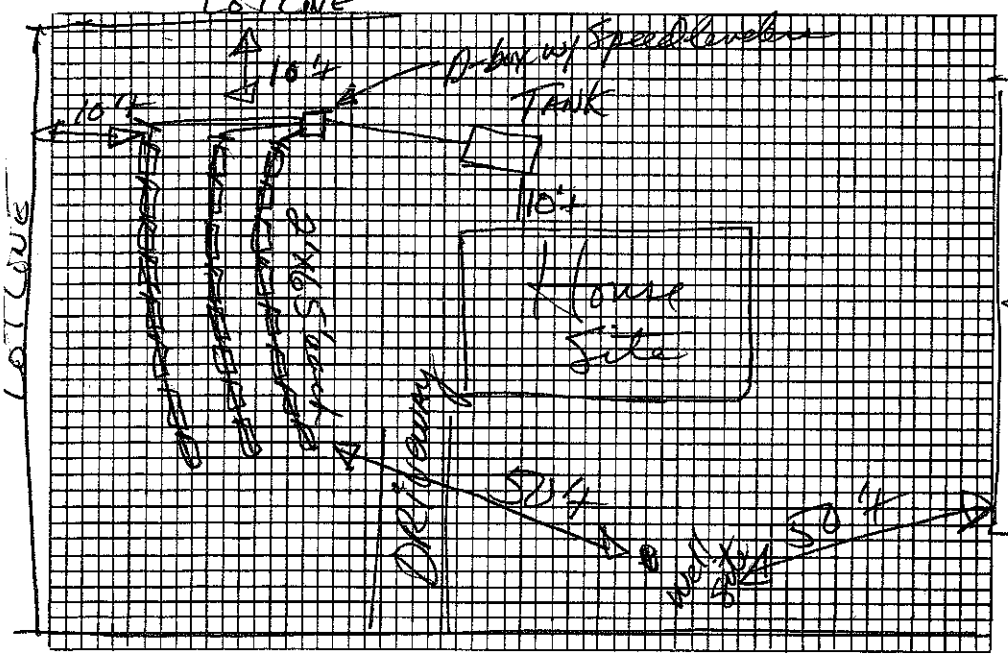
SUBDIVISION NAME Brookridge Shores LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	20 4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%
Site Suitable PS	Yes (✓)	No ( )	Depth to Water Table	4'+
Lot Area 20000ft²			Rock or other impervious formations	none obs

_____ 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

Depth of Stone in Lines 6 / 16"

Water Supply: Individual (✓) / Public ( ) 1 pump 6 GPM

Installed by D. Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY ACH

COMMENTS: Well not drawn.

CERTIFICATE OF COMPLETION BY [signature], R.S. DATE 11-20-89

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