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 Mike McCrea DATE April 5, '89 PERMIT NO.

PHONE: Business Home

LOCATION 1100 TR 1115 ~ 1 mile on Right

SUBDIVISION NAME Brookridge Shores LOT NO. 9 SECTION OR BLOCK NO. S. R. No.

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area ~1/2 AC

Character & Porosity of Soil clay

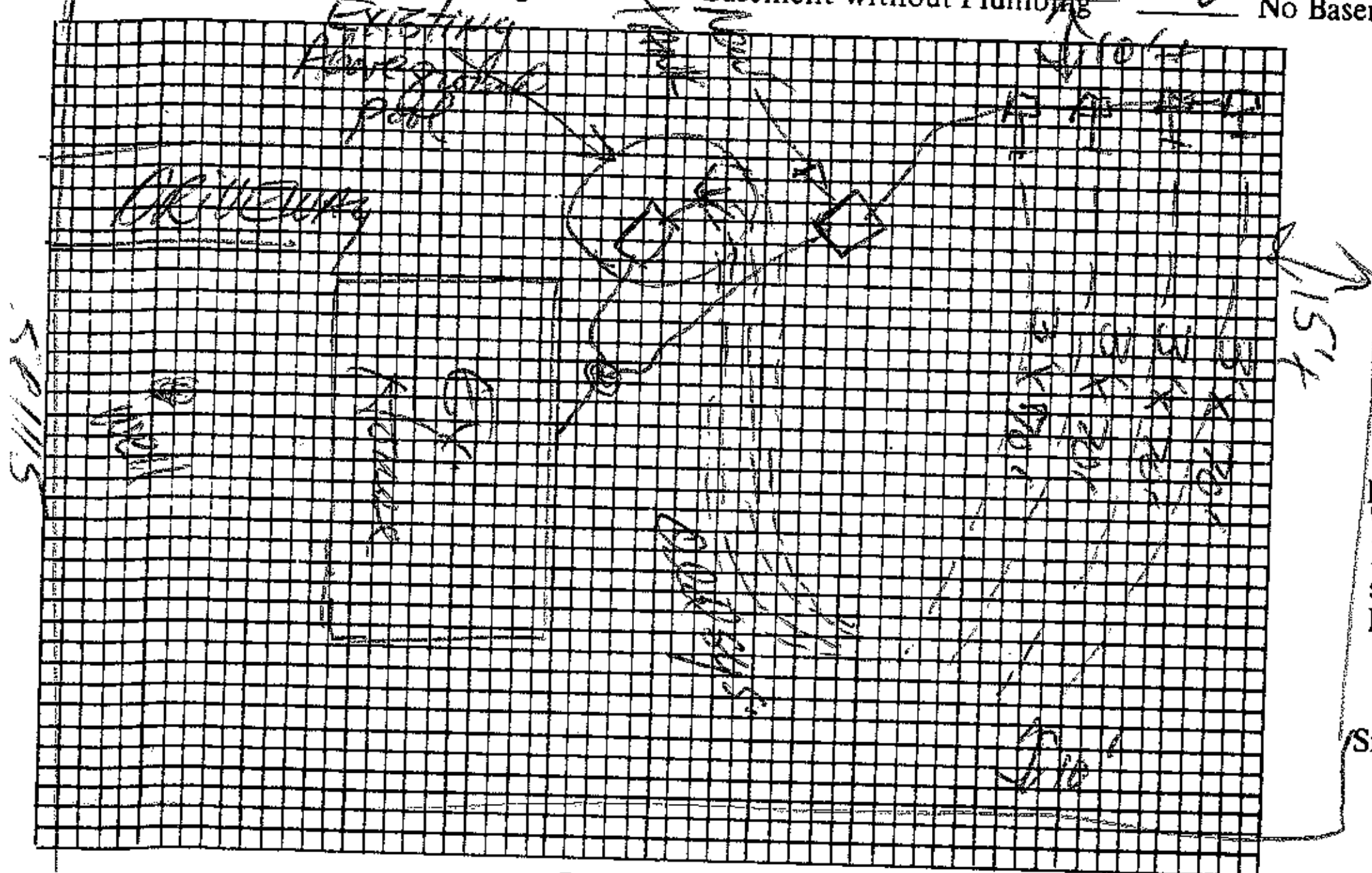
Percolation Rate ~.35-.04

Topography 6-10%

Depth to Water Table 44"

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 4

Sq. Ft. 840 Linear Ft. 280 *

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by Levon Benton

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

Signed:

IMPROVEMENTS PERMIT BY DRA

COMMENTS: * Unable to get length on lines originally anticipated because of underground power line

CERTIFICATE OF COMPLETION BY DR Henson, RS. DATE 4-5-89

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