4626-67-7110

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 Janet Reavis DATE Oct. 7, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McGuire) ¼-½ mile TR rt's Brookridge Shores at end S. R. No. _____

SUBDIVISION NAME Brookridge Shores LOT NO. 5 SECTION OR BLOCK NO. 2

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

No. Bedrooms 3 No. Bathrooms 2

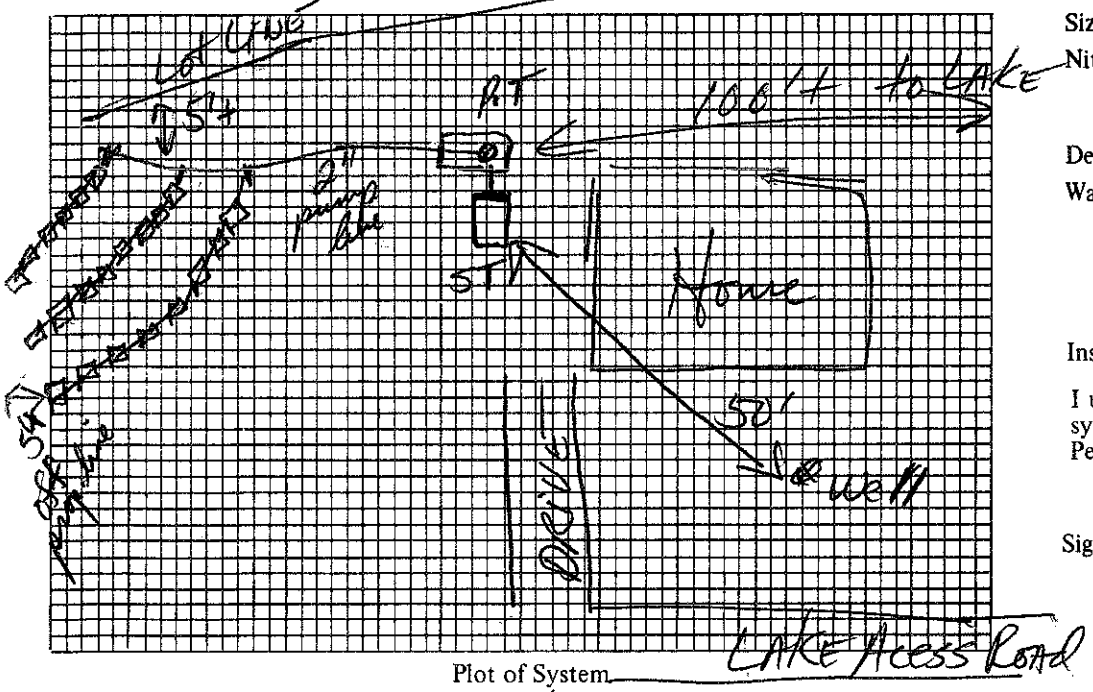
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area ~20000 ft²

Character & Porosity of Soil clay
Percolation Rate 4-6 mpi
Topography gullied (except area of field) fit
Depth to Water Table _____
Rock or other impervious formations none obs.

1000 gal pump tank

_____ 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. 150'
Depth of Stone in Lines 24"

Water Supply: Individual (✓) pressure dome panels
Public ( )

Installed by H B Salmons & Sons Gaston Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY DKH

COMMENTS: Alarm tested but not mounted

CERTIFICATE OF COMPLETION BY D R Hinson I R S. DATE 10-17-87

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