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 Mar. 20, '87 PERMIT NO.

PHONE: Business Home

LOCATION 1100 TR 1115 (McKendree) ½-½ mile TR 2nd entrance into Brookridge Shores, at end of Cul-D-Sac S. R. No.

SUBDIVISION NAME Brookridge Shores LOT NO. 05 SECTION OR BLOCK 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	Yes	(✓)	No	( )

Lot Area ~20000ft²

Character & Porosity of Soil clay

Percolation Rate ~.4

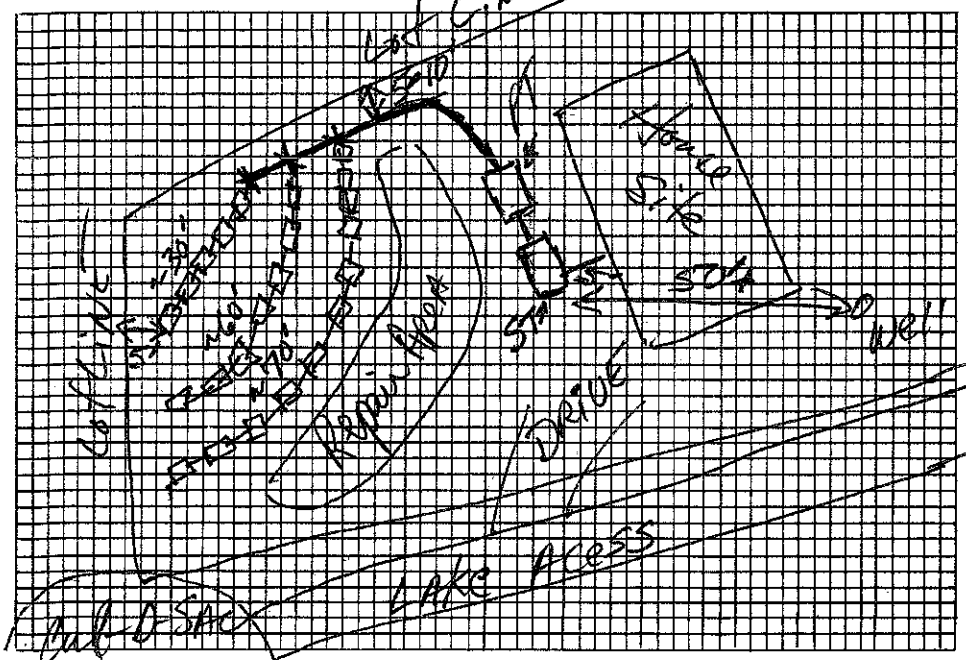
Topography 4-6% gullied (very shallow soil at drainfield)

Depth to Water Table 4'+

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' ea
Depth of Stone in Lines 16" T&J panels

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

✓Signed: Janet Reavis

IMPROVEMENTS PERMIT BY Gary R. Harrison, R.S.

COMMENTS: Call Health Dept. for specification before system is installed. Keep system shallow (~6" cover) Pressure dosed T&J panels with 2' head per ditch

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