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 RSMB Enterprises DATE 2-8-85 PERMIT NO. 36

PHONE: Business 892-1020 Builder Home Thurmond Ross 892-1128

LOCATION 1100 TR 1115 3/4 mile TR dirt street
Brook Ridge Drive at Lyndon R

S. R. No.

SUBDIVISION NAME Brook~~s~~ Shores Ridge LOT NO. 60 SECTION OR BLOCK NO. II

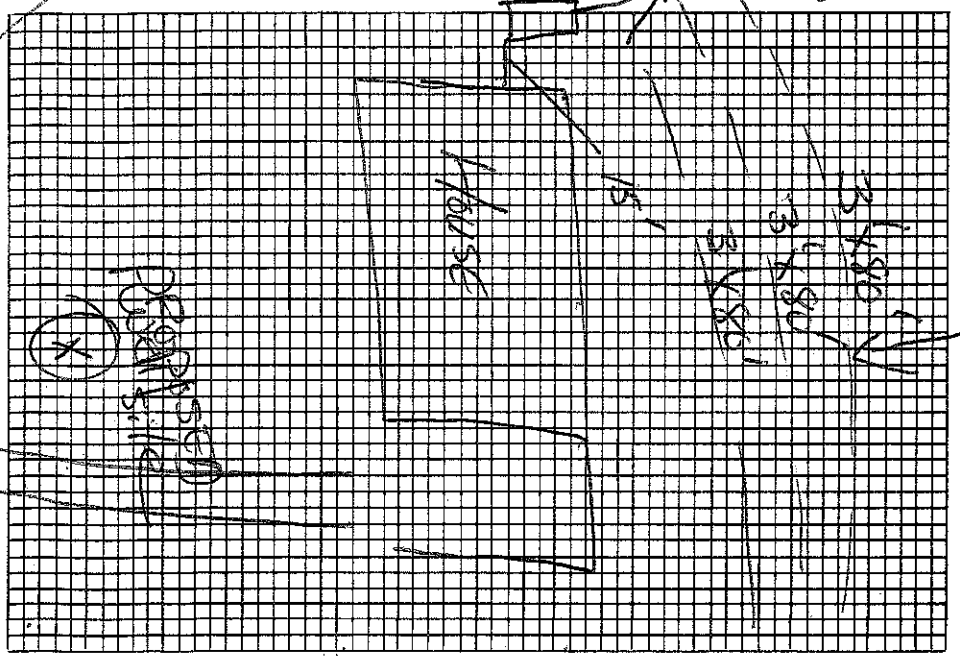
House (X) Mobile Home ( ) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No X
Auto Dishwasher Yes X No ( )
Auto Wash Machine Yes X No ( )
Site Suitable Yes X No ( )
Lot Area 20,000 F+R

Character & Porosity of Soil Clay loam to clay
Percolation Rate 0.5
Topography 2-8%
Depth to Water Table 4'
Rock or other impervious formations None obs.

___ Basement with Plumbing ___ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual X
Public ( )

Installed by

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

Signed: X Fred M. Howell

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow, follow Contours

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