15403

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Rick Howell DATE Oct 28, '92 PERMIT NO. 2F10B1

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR Carrie Lane on right at corner with Ridgebrook Dr. S.R. No. _____

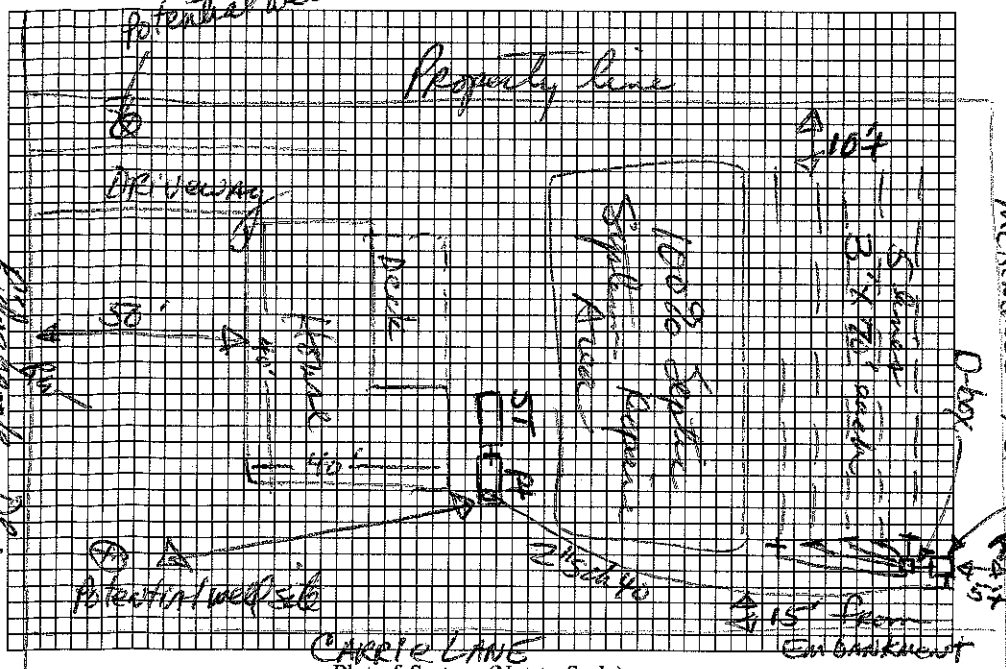
SUBDIVISION NAME Brookridge Shores LOT NO. 1 SECTION OR BLOCK NO. IV

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 ☐
Lot Area 1.603 ac

Soil Characteristics PsCl clay
Application Rate ~1.35 gal/ft²/day
Topography ~4-6% slope
Depth to Water Table > 4'
Rock or other impervious formations NONE Obs

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank ST 1000 / AT 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1050 Linear Ft. 350
Depth of Stone in Lines 12"
Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: X _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DR Hunter, RS

COMMENTS Follow contour with drainfield.
Trenches to be approx 24" toilet bottom depth
DOSE 150-180 gal per 7 min cycle
Pump specs: 25 gal/min at Approx 20' head

75 gal wash/surge tank

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold