11105

IREDELL COUNTY HEALTH DEPARTMENT FN-4626-76-0186

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Harm DATE 10/19/90 PERMIT NO. 2F-10-A-26

PHONE: Business _____ Home _____

LOCATION 1100, TR McKendree .5 mi on right Corner of Brook Drive and McKendree

SUBDIVISION NAME Brookridge Shores III LOT NO. 7 SECTION OR BLOCK NO. _____ S. R. No. _____

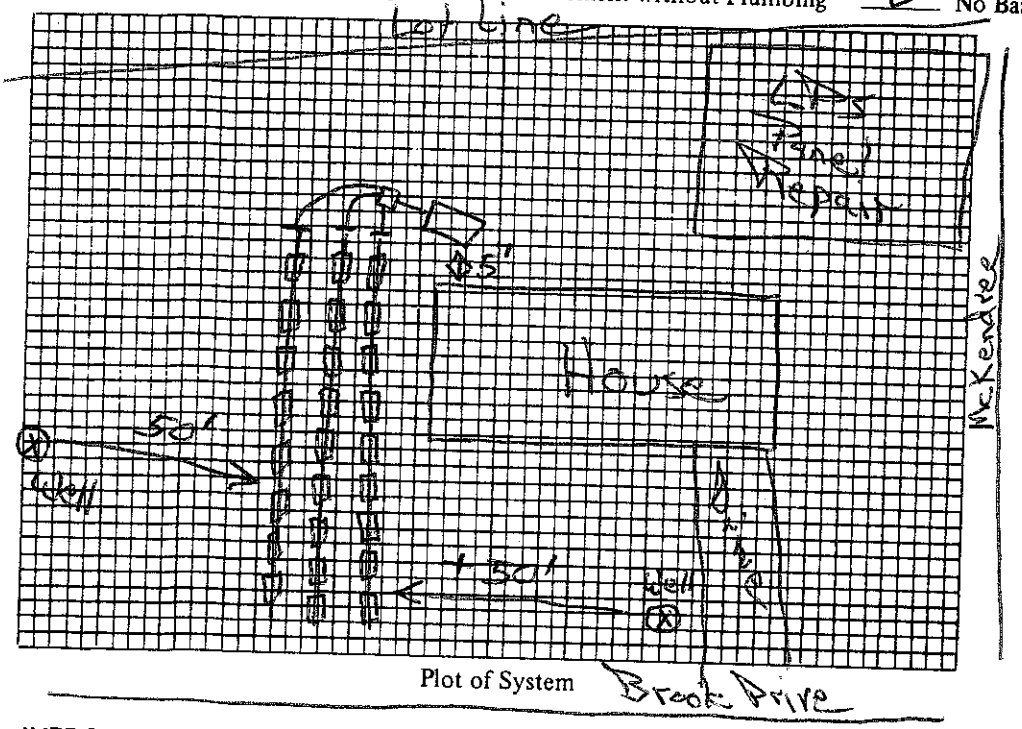
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	5-10%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	+3'
			Rock or other impervious formations	none obs

Lot Area 20,000

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3@67
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 19-J
Water Supply: Individual (✓) 16" Panel
Public ( )

Installed by Don Laakey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Ingram E.H.S. DATE 10/19/90

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