11105

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 Robert Harm DATE Feb. 27, 1990 PERMIT NO. ZF-10-A-26

PHONE: Business _____ Home 892-3119

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

S. R. No. _____

SUBDIVISION NAME Brookridge Shores-III LOT NO. 7 SECTION OR BLOCK NO. _____

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

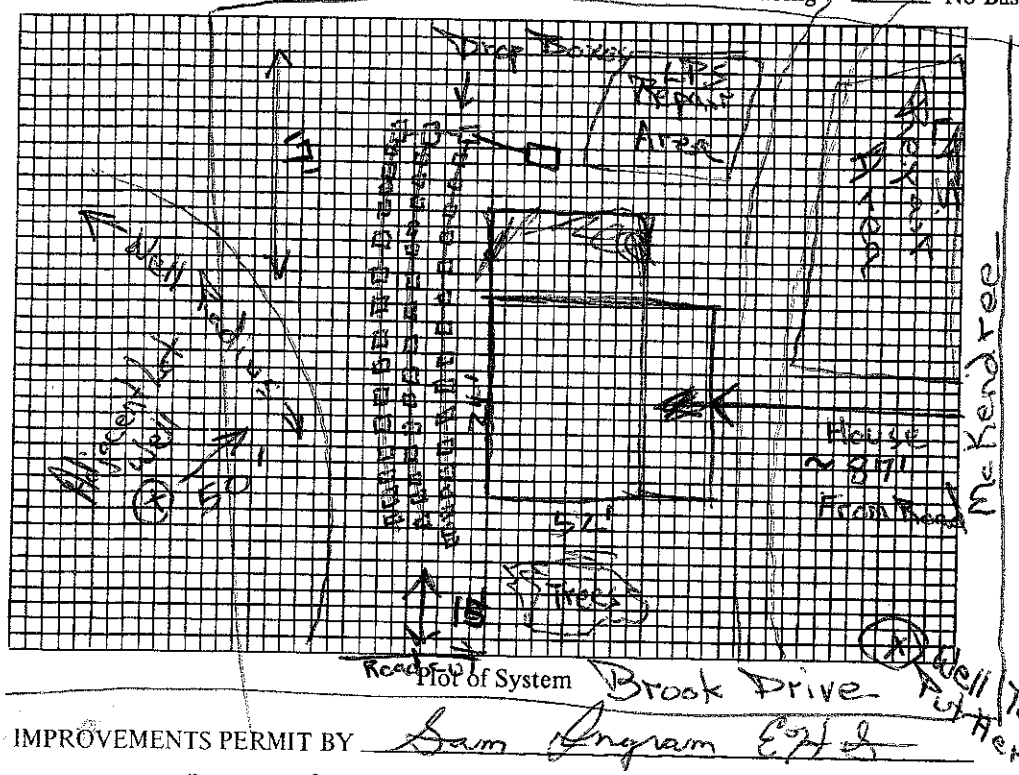
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000

Character & Porosity of Soil clayey
Percolation Rate .3-.4 gpd/ft²
Topography 5-10%
Depth to Water Table +3'
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3@67
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines T+J 16"

Water Supply: Individual (✓) Panels
Public ( ) 46 panels

Installed by _____

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

Signed _____

Changed distribution to D-Box w/ speed Levelers

IMPROVEMENTS PERMIT BY Sam Ingram Eptl

COMMENTS: Distribution system will be drop-boxes
5' From Foundation of house to any part of septic tank system
50' Separation From Well + Any part of septic tank system
House ~ 52' x 24' Facing Brook Drive

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