09459

IREDELL COUNTY HEALTH DEPARTMENT PIN# 4626-84-3907

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

OWNER OR CONTRACTOR Mike Martin DATE June 28, 89 PERMIT NO.

PHONE: Business Home

LOCATION 1100 TR 1115 (McKandree) ~½ mile on Right

SUBDIVISION NAME Brookridge Shores LOT NO. 5 SECTION OR BLOCK NO. S. R. 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 20000 ft²

Character & Porosity of Soil clay

Percolation Rate 2.4

Topography 8-10%

Depth to Water Table 44"

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

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by Devon Benton

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

Signed:

IMPROVEMENTS PERMIT BY ACP

COMMENTS:

CERTIFICATE OF COMPLETION BY [signature], R.S. DATE 6-28-89

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