09609

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 March 8, '89 Quad 20-B PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 ~ 1 mile on Rt. _____

_____ S. R. No. _____

SUBDIVISION NAME Brookridge Shores LOT NO. 4 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~~ RS Yes (✓) No ( )

Lot Area 20000 ft²+

Character & Porosity of Soil clay

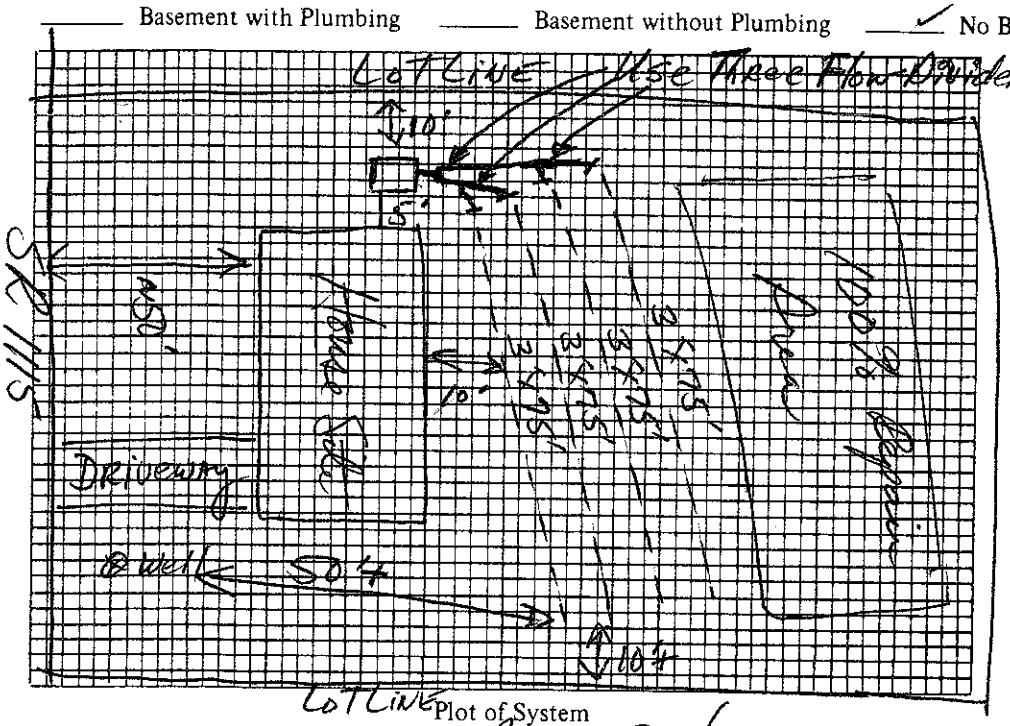
Percolation Rate 2.4

Topography 4-8%

Depth to Water Table 4'+

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 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: ~~X~~ [signature]

IMPROVEMENTS PERMIT BY [signature], RS.

COMMENTS: Use 3 flow dividers to split flow to 4 equal length trenches installed on the contour. Trench bottom depth to be approx. 30"

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