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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 James Hagerty DATE 7/16/90 PERMIT NO. 2F10-A-3

PHONE: Business ____ Home ____

LOCATION 1100 TR McKendree On right across from church

S. R. No. ____

SUBDIVISION NAME Brookridge Shores LOT NO. 3 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 ____

Character & Porosity of Soil PS clay

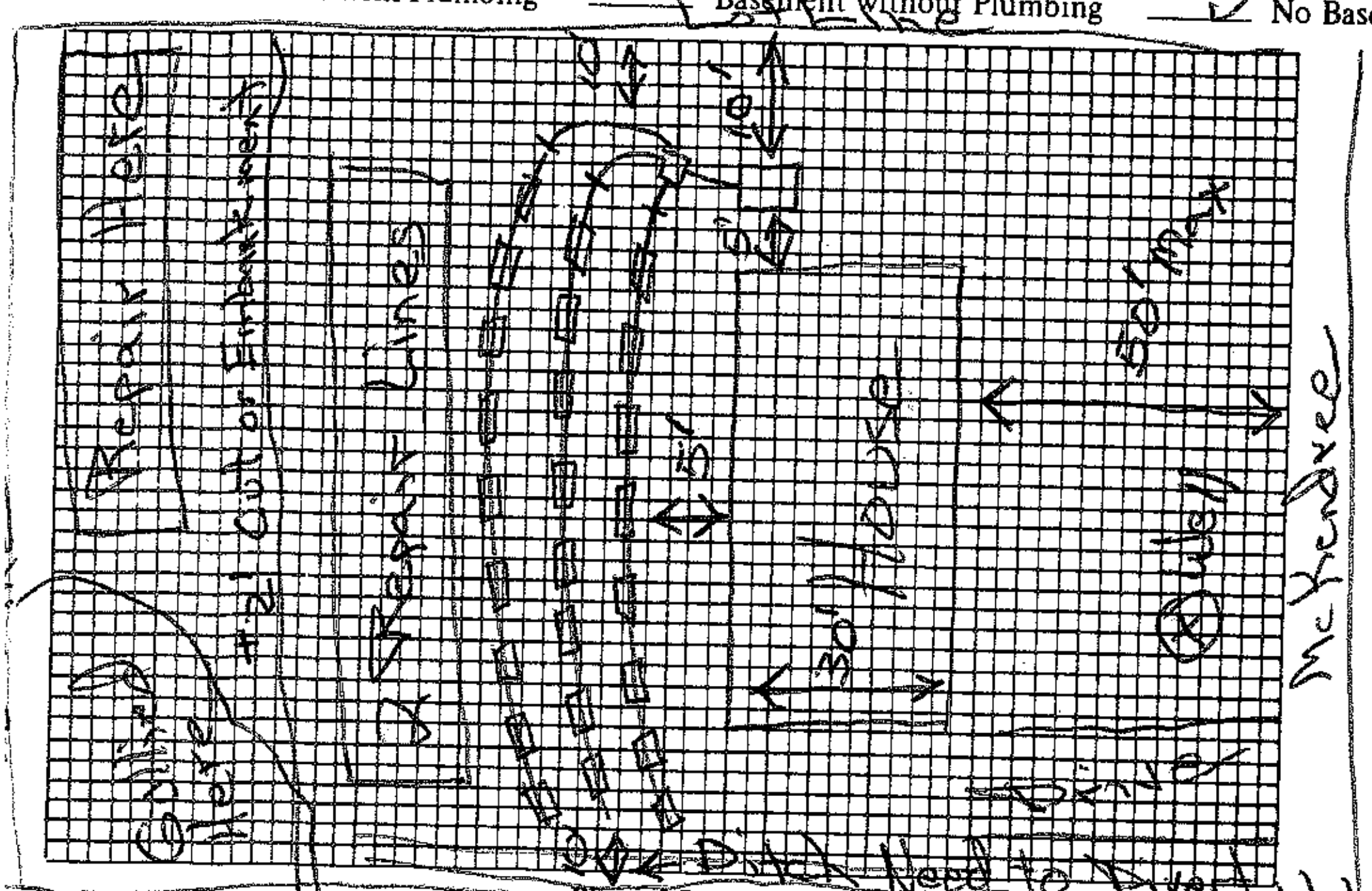
Percolation Rate ~.3

Topography 1-5%

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 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. ____ Linear Ft. 200

Depth of Stone in Lines P7J

Water Supply: Individual (✓) Public ( )

Panel 16"

Installed by ____

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

Signed: James Hagerty

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: D-Box with 4:2 reducers + speed levelers. On left side of property surface diversion ditch to be installed to divert water from flowing across back of property.

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