1.30

15997

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Randall Buck DATE March 22, '93 PERMIT NO. 2F1043

PHONE: Business _____ Home _____

LOCATION 400 TR 1115 TR Carrie Lane TR Ridgebrook Dr. on right

S.R. No. _____

SUBDIVISION NAME Brookridge Shores LOT NO. 3 SECTION OR BLOCK NO. Phase IV

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 ☐

Lot Area 100 X 236'

Soil Characteristics LS clay

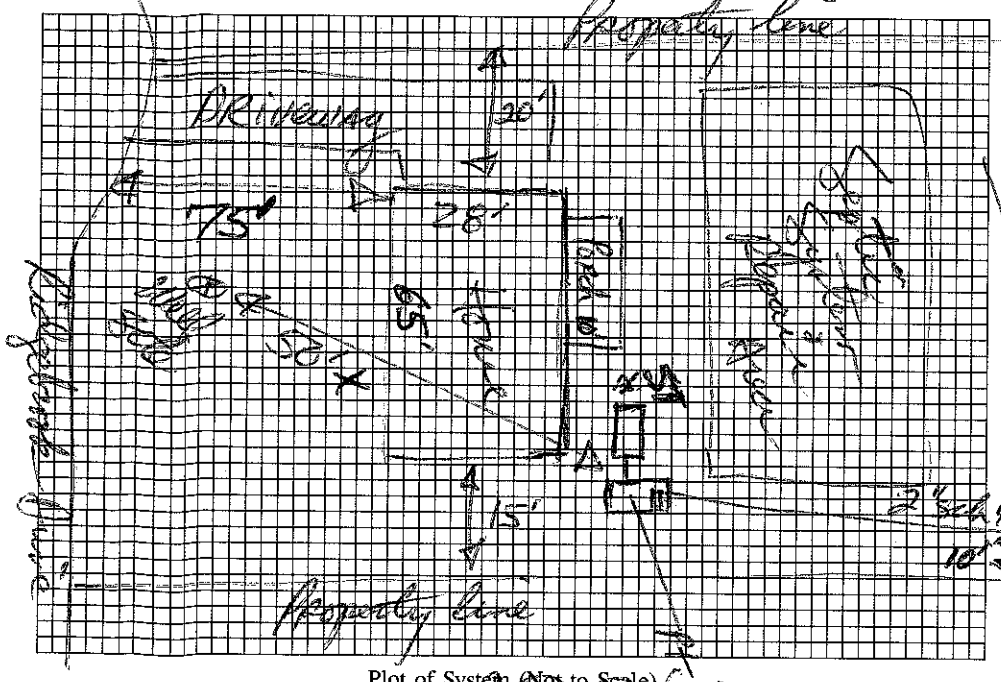
Application Rate 0.35 gal/sq ft²/day

Topography 2-4%

Depth to Water Table 24"

Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000/1000 Gals.

Nitrification Field:

No. of Lines 4-5

Sq. Ft. 1050 Linear Ft. 350

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: Randall R. Buck

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Hamm IR

COMMENTS Follow contour. 24" trench bottom depths. Use 200-250 gal. per 5-10 minute cycle

ACP 782 1000gal 10-15-93 ; PT 103 1000gal, 9-8-93

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold