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 Bob Harm

PHONE: Business _____ Home 892-3119 DATE 7/27/89 PERMIT NO. 208

LOCATION 1100 TR McKendrie On R. Phase I Brookridge Shores

SUBDIVISION NAME Brookridge Shores Ph. I LOT NO. 6 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	Yes (✓)	No ( )

Lot Area _____

Character & Porosity of Soil Clayey

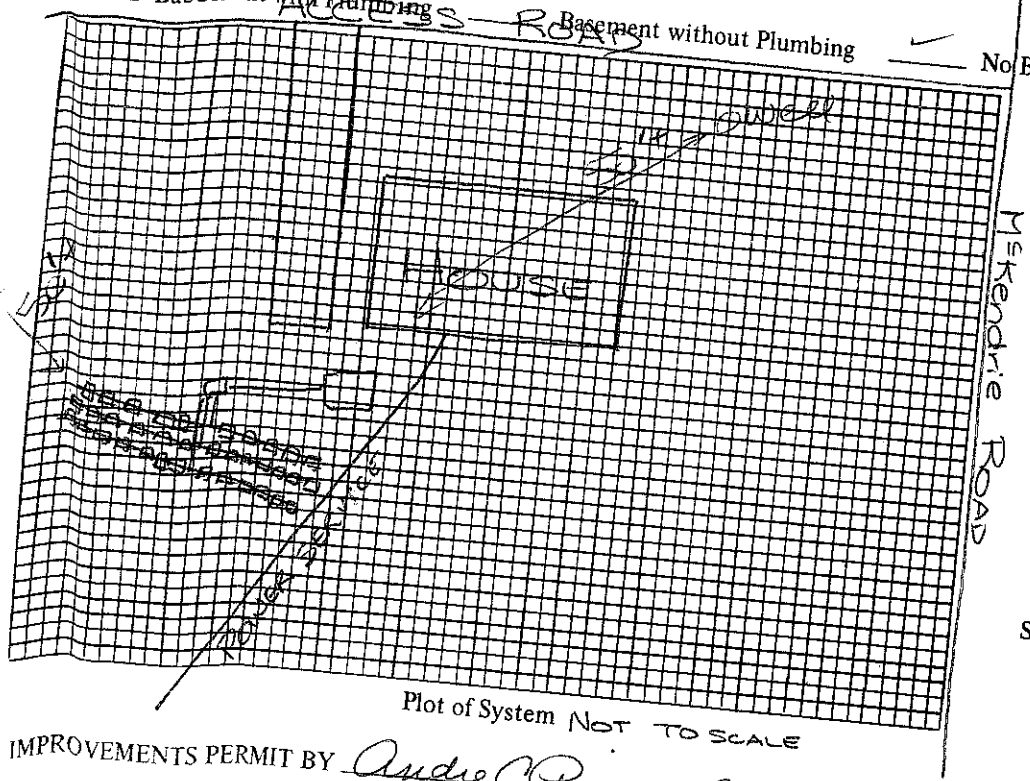
Percolation Rate .35 gpd/ft²

Topography 10%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

___ Basement with Plumbing ACCESS ROAD Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 165' of

Depth of Stone in Lines 16" T and J

Water Supply: Individual (✓) Panels

Public ( )

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Pierce, R.S.

COMMENTS: Ditches are graded from the center to the ends.

CERTIFICATE OF COMPLETION BY Andrew C. Pierce, R.S. DATE July 27, 1989

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

ermit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making nprovements Permit.

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