2:00

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 Berry Bright DATE 2-10-86 PERMIT NO. 383

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 (E. Lakeview) .2 mile on Rt past jct. w/ Goat Hill Cp. S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 1613 SECTION OR BLOCK NO. 8

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 ( )

Character & Porosity of Soil clay

Percolation Rate 52 25 20

Topography

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area 20000ft²+

(✓) Basement with Plumbing ~~(✓)~~ Basement without Plumbing _____ No Basement

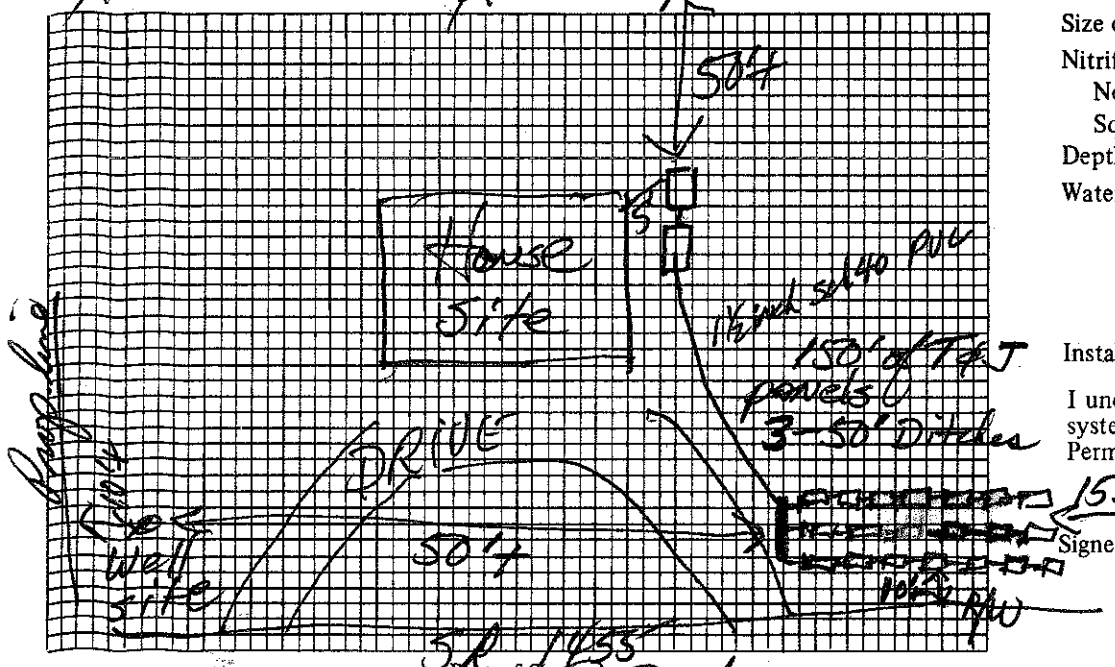
1000 gal pump tank w/o BAFFLE

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 150' panels

Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )



Installed by _____

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

Signed: Berry Bright

IMPROVEMENTS PERMIT BY Marvin R. Johnson R.S.

COMMENTS: Pressure dose panels by using Manifold & ball valves. System must include a high water alarm on a seperate circuit from pump.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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

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