10499

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 C. W. Brewer DATE 10/2/89 PERMIT NO. 2G-8-A-42

PHONE: Business _____ Home 663-4669

LOCATION 1100 TL Stutts TR 1st Southwood TL Crescent Place (new Rd) S. R. No. _____

SUBDIVISION NAME Marina Village LOT NO. 42 SECTION OR BLOCK NO. _____

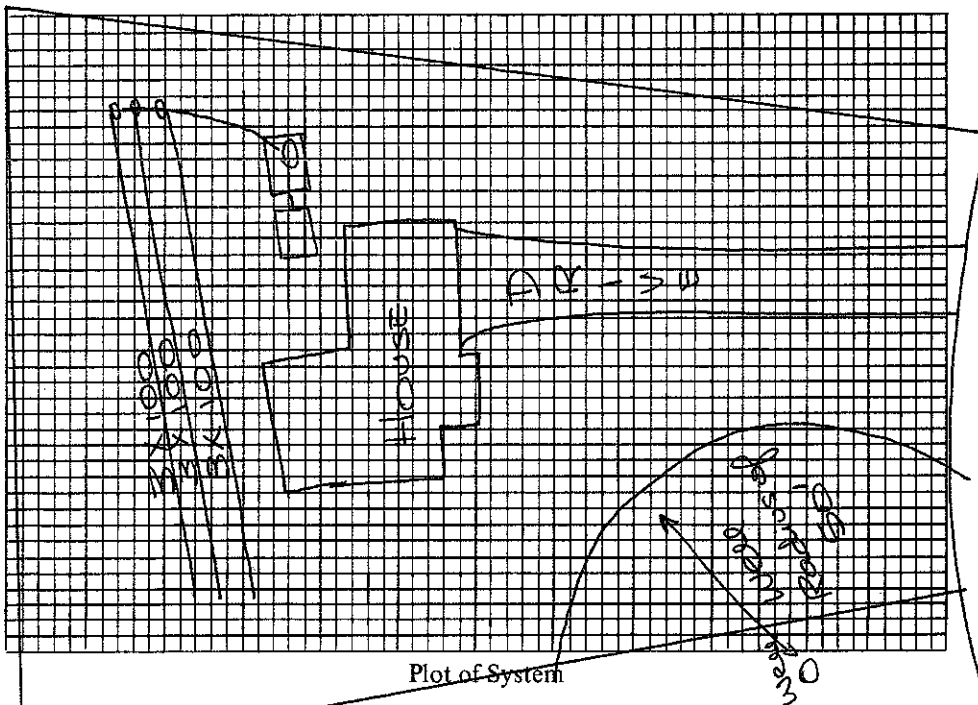
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.49pd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	0%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement P.T.: 1000



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
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: C W Brewer

IMPROVEMENTS PERMIT BY Andrea C. Price, R.S.

COMMENTS: Install system @ a shallow depth - ditches should be 30" to the ditch bottom. If at a time the house is complete, we may take a 2nd look in order to check the possibility of a gravity system. Do NOT grade off your topsoil.

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