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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 C. W. Brewer DATE Mar 22, 1990 PERMIT NO. 2L-9-A-16

PHONE: Business _____ Home 663-4669

LOCATION 1100 TR Blume TL Beechtree TR Meadows Creek TR Beechfield At end S. R. No. _____

SUBDIVISION NAME Springfield LOT NO. 16 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 Yes (✓) No ( )

Character & Porosity of Soil clayey

Percolation Rate .35 gpd 1ft²

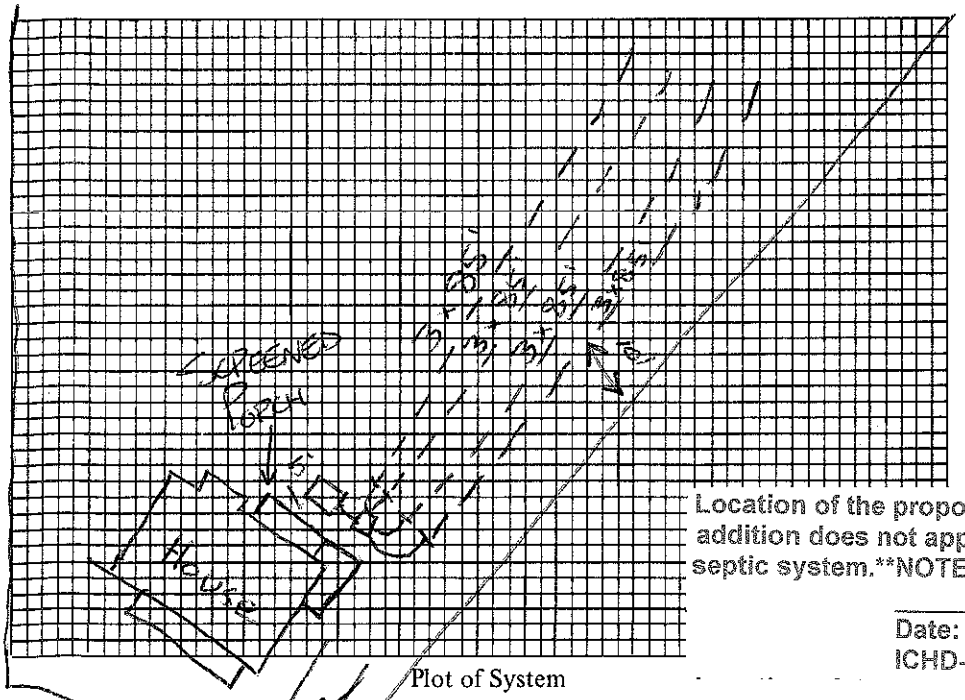
Topography 2%

Depth to Water Table 4' +

Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 4@85' 340

No. of Lines _____

Sq. Ft. 1020 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Richard Abernathy

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

Location of the proposed SCREEN PORCH addition does not appear to impact the existing on-site septic system.**NOTE: _____

_____ REHS

Date: 9-7-10

ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: The gravel in this system was replaced.

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE Mar 22, 1990

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