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10:00

11046

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 Jr. DATE Feb 27, 1990 PERMIT NO. 26-6-A 10

PHONE: Business _____ Home 663-4669

LOCATION 1100 TL Stutts TL 1212 TL Marlin Dr. On left

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 10 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms _____

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

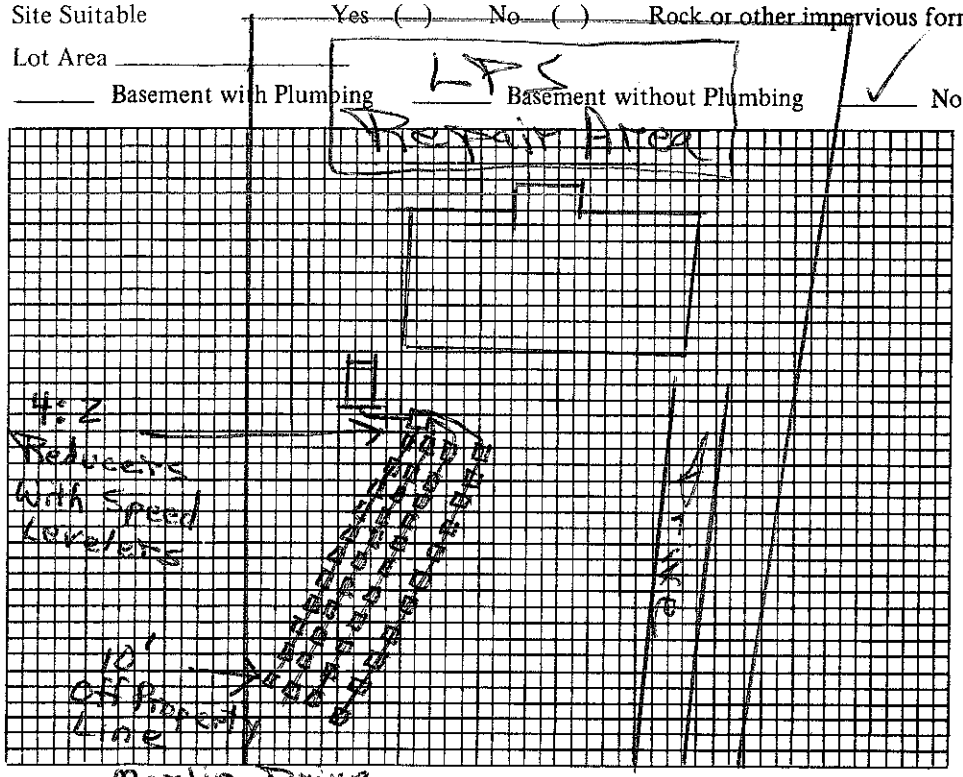
Percolation Rate ~3 gpd/sq ft

Topography 1-5%

Depth to Water Table + 3'

Rock or other impervious formations none obs.

_____ Basement with Plumbing LPS Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines 4 @ 50'

Sq. Ft. 1200 Linear Ft. 200'

Depth of Stone in Lines T + J

Water Supply: Individual ( ) Panel 16"

Public (✓)

Installed by _____

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

Signed Jan B Jones

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: Distribution box 4:2 Reducer with Speed Levelers

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