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IREDELL COUNTY HEALTH DEPARTMENT

Repair

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James Brannen DATE 6/14/91 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION 1100, on (D approx. 1/4 mile past Conoesbah Rd., white frame house S. R. No. _____

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

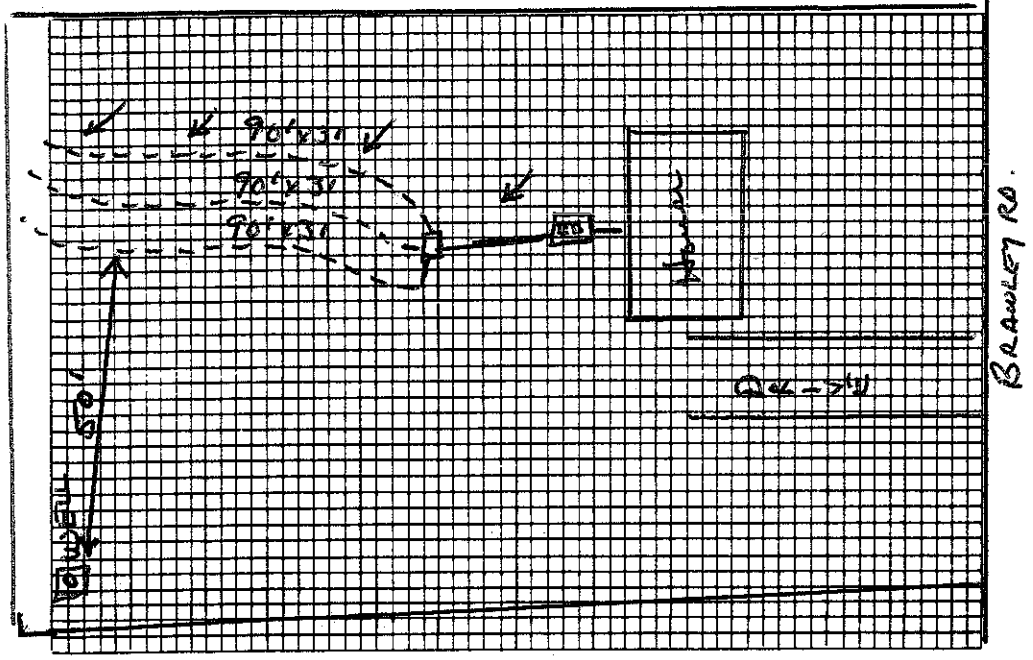
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 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 3
Topography 2%
Depth to Water Table > 48"
Rock or other impervious formations No

Lot Area 20,000 ± T²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3 @ 90' x 3'
Sq. Ft. 710 Linear Ft. 270
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.

Signed: _____

IMPROVEMENTS PERMIT BY Wesley Sparks RS.

COMMENTS: Old S/T was not properly installed and hooked up. This probably is what caused the effluent

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 6/14/91

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