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 Barry Brown DATE 9-29-86 PERMIT NO. 528

PHONE: Business _____ Home _____

LOCATION 1100 - TR 250 (Oak Tree) Pt at forks 1st lot on left S. R. No. _____

SUBDIVISION NAME Timberlane Shores LOT NO. 7 SECTION OR BLOCK NO. _____

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

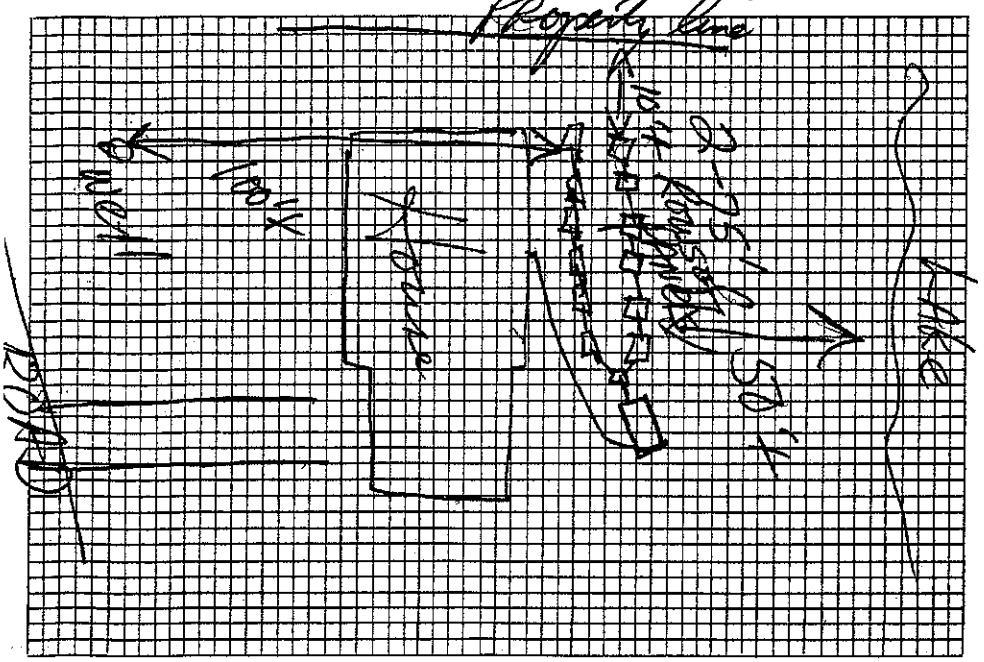
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area 20000 ft²

Character & Porosity of Soil Clay
Percolation Rate 2.4
Topography 2-6%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank [redacted] 1500 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 150 ft
Depth of Stone in Lines 24 inches
Water Supply: Individual (✓)
Public ( )

Installed by Ray Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Jackie R. Hunsucker REHS DATE 9-29-86

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.