4639-25-2709

# 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 James Brewer DATE 4-1982 PERMIT NO. 97

PHONE: Business _____ Home _____

LOCATION 1300 TR 1432 .6 mile on Rt.

SUBDIVISION NAME Lake Norman S. R. No. _____

LOT NO. 40 SECTION OR BLOCK NO. 16

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

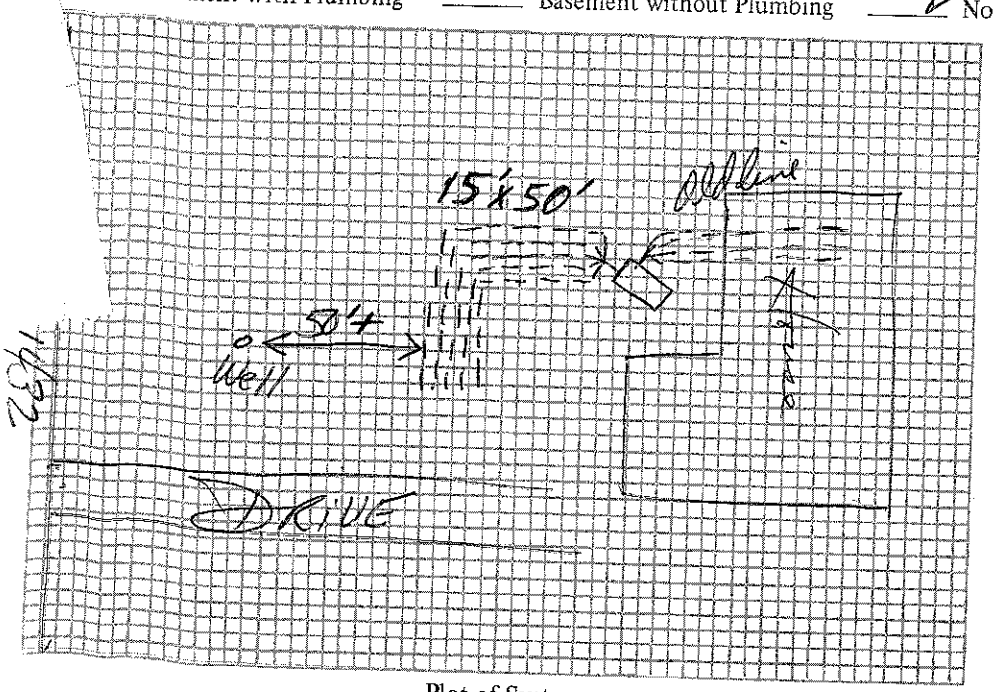
No. Bedrooms 4 No. Bathrooms 2

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

Lot Area 1/2 - 3/4 AC.

Character & Porosity of Soil Clay loam
Percolation Rate 280
Topography Gently Sloping
Depth to Water Table 4'+
Rock or other impervious formations none to.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Segmon

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

Signed: _____

IMPROVEMENTS PERMIT BY HC

COMMENTS: New line deep. Old line left connected as overflow to make up for additional square footage needed.

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 4-1982

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