4645089543

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 3/23/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21S X I 77 TL Alcove TR
Templeton TR Chestnut Hill - Irish 3rd on R S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 31 SECTION OR BLOCK NO. _____

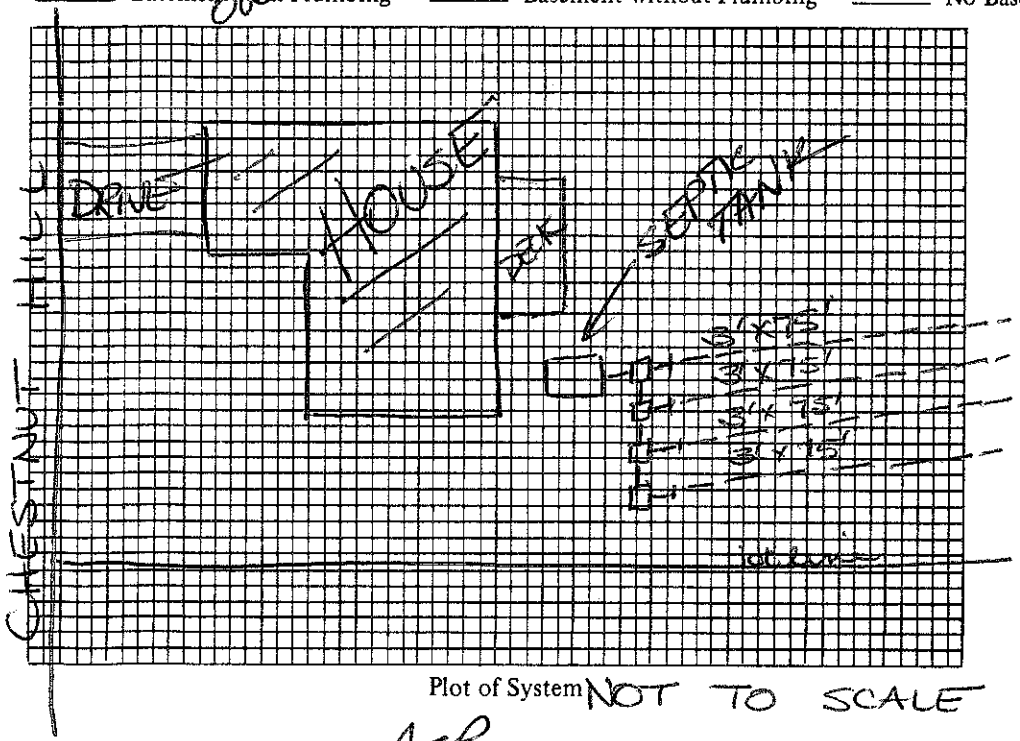
House (✓) Mobile Home ( ) Business ( ) Other _____

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 ~.4 gpd/ft²
Topography Hilly
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Acp

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 3/23/88

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

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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 11/5/87 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 21S. X I77 TL Alcove TR Templeton Rd. TR Chestnut Hill DR. 3RD LOT ON ~~Left~~ R S. R. No. ______

SUBDIVISION NAME ______ LOT NO. 31 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 ______

Character & Porosity of Soil Clayey

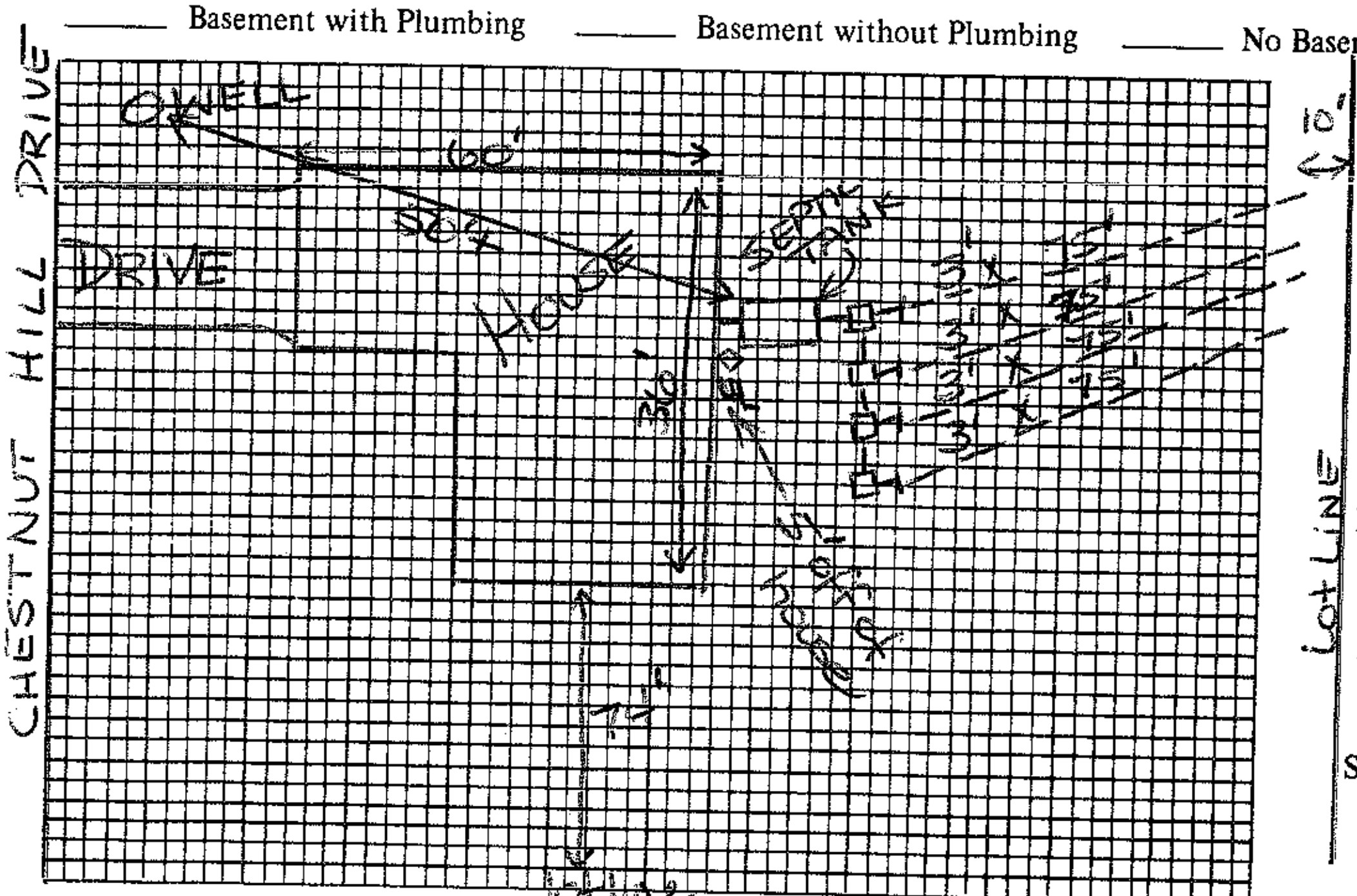
Percolation Rate .4 gpd/ft²

Topography 4%

Depth to Water Table 4'+

Rock or other impervious formations none observed

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System N.T.S.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3-4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by ______

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

Signed: CW Brewer Jr.

IMPROVEMENTS PERMIT BY Audie C. Pierce

COMMENTS: Set tank 5' off foundation (or deck) Run 3 lines if you can. Use drop boxes to distribute effluent. Shallow installation (30" depth of trench)

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