1541 [illegible] 1543

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/[illegible] PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215 S. X I77 TL Alcove TR Templeton Rd. TR Chestnut Hill Dr. 3RD LOT ON ~~LEFT~~ R

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. 31 SECTION OR BLOCK NO. _____

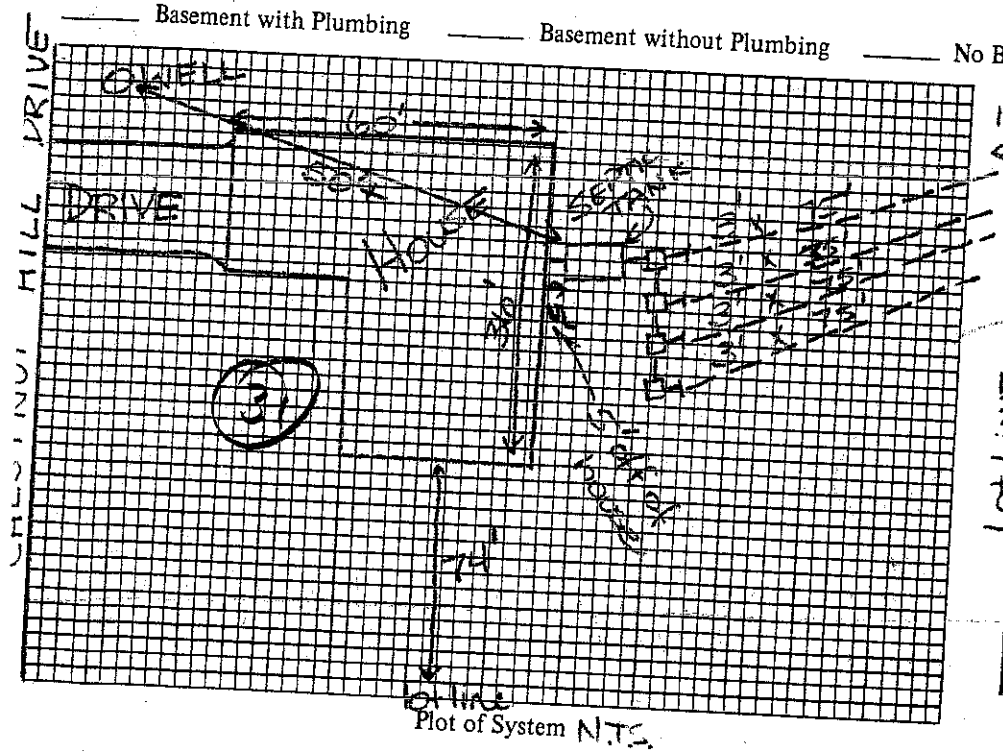
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 1.4 gpd/sq ft
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 4'+

Lot Area _____ 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: C W Brewer

IMPROVEMENTS PERMIT BY Andie C. Pierce

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

CERTIFICATE OF COMPLETION BY _____

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