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 3-3-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION ~~150W~~ ~~HOC~~ TL Williamson Chapel Rd TR on Sundown TL on Brackmay TR on Moreland 2nd 3rd to the last on the R S. R. No. _____

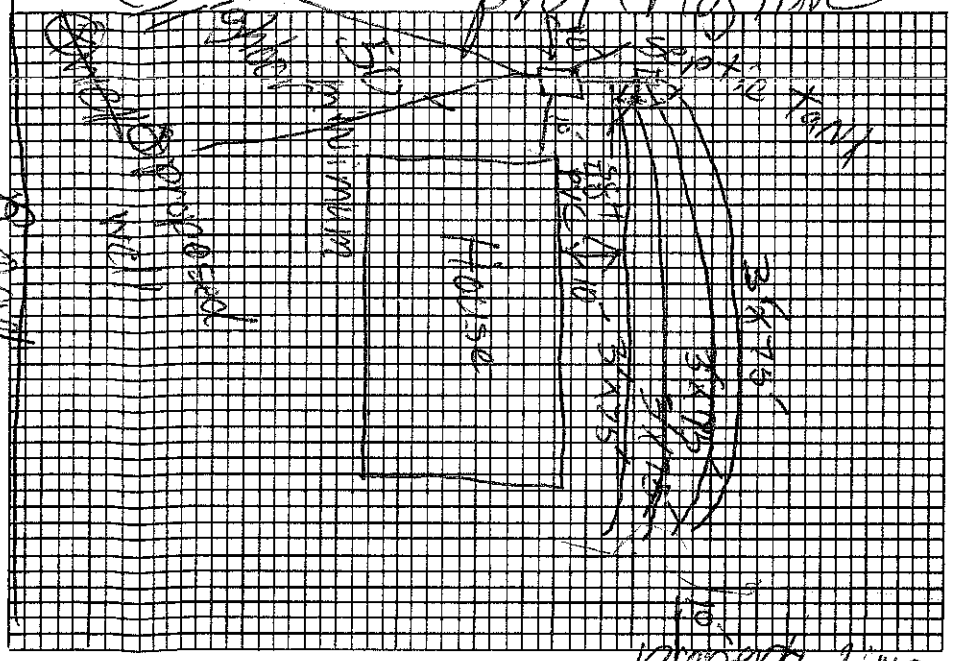
SUBDIVISION NAME _____ LOT NO. 101 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4gal/ft²/day	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-8%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'	
Lot Area 20000ft²			Rock or other impervious formations	none obs.	

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



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: C W Brewer

IMPROVEMENTS PERMIT BY Charles E. Bennett

COMMENTS: Keep shallow & follow contours

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