# IREDELL COUNTY HEALTH DEPARTMENT

4646376941

(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 Const. DATE 8-20-81 PERMIT NO. 252

PHONE: Business _____ Home _____

LOCATION 1109 TR 1190 TL 1290 TR 1291 on left

SUBDIVISION NAME Stillwood Harbor LOT NO. 86 SECTION OR BLOCK NO. _____ S. R. No. _____

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

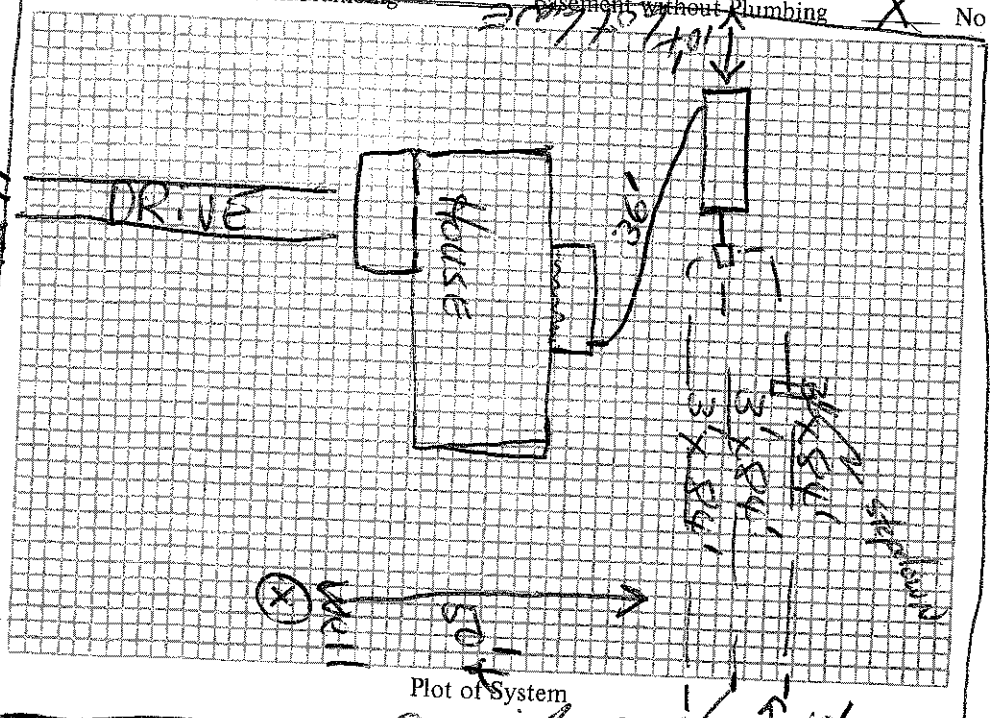
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 ft2

Character & Porosity of Soil Clay loam
Percolation Rate 30 MPI
Topography 2-4%
Depth to Water Table Unknown
Rock or other impervious formations None observed

Basement with Plumbing _____ Basement without Plumbing _____ No Basement X



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by Wayne Dobbins

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

Signed: _____

IMPROVEMENTS PERMIT BY David R. Henson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 8-20-81

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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