4646384382

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, JR. DATE 11-12-85 PERMIT NO. 496

PHONE: Business _____ Home _____

LOCATION 1109 TR 1190 TO 1190 (Buckeye Lane) OWN ON CORNER OF Moorland & Buckeye

SUBDIVISION NAME Hillwood Manor LOT NO. 83 S. & B. No. _____ SECTION OR BLOCK NO. _____

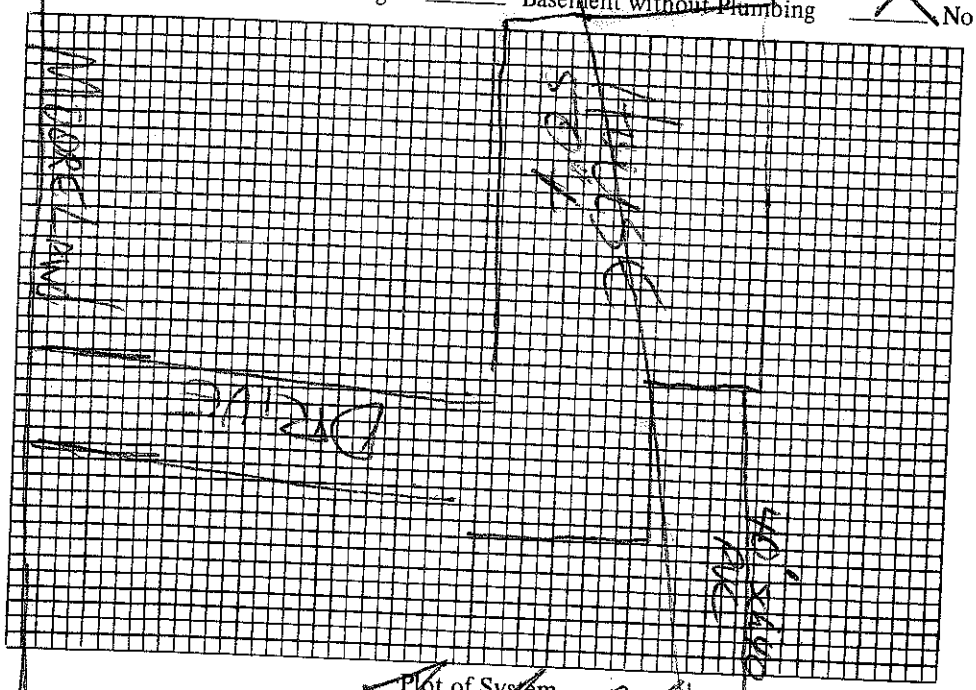
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Red Yellow

Garbage Disposal Unit	Yes ( )	No (X)	Percolation Rate 1/mg 1" 2 day
Auto. Dishwasher	Yes (X)	No ( )	Topography 5-8%
Auto. Wash. Machine	Yes (X)	No ( )	Depth to Water Table 4'
Site Suitable	Yes (X)	No ( )	Rock or other impervious formations NONE 0-5

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

(X) Size of Tank 1000 Gals.
Nitrification Field Borg
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual X
Public ( )

Installed by _____

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

Signed: Wayne Cothison

IMPROVEMENTS PERMIT BY Jack Clemmer

COMMENTS: (1) 10

CERTIFICATE OF COMPLETION BY Jack Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 11-12-85

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