46638 4995

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 5-~~19~~ 20-86 PERMIT NO. 287

PHONE: Business ____ Home ____

LOCATION 1109 TR on Sundown TL on Brockway TL on Elagan last house on left S. R. No. ____

SUBDIVISION NAME Idlewood Harbor LOT NO. 59 SECTION OR BLOCK NO. ____

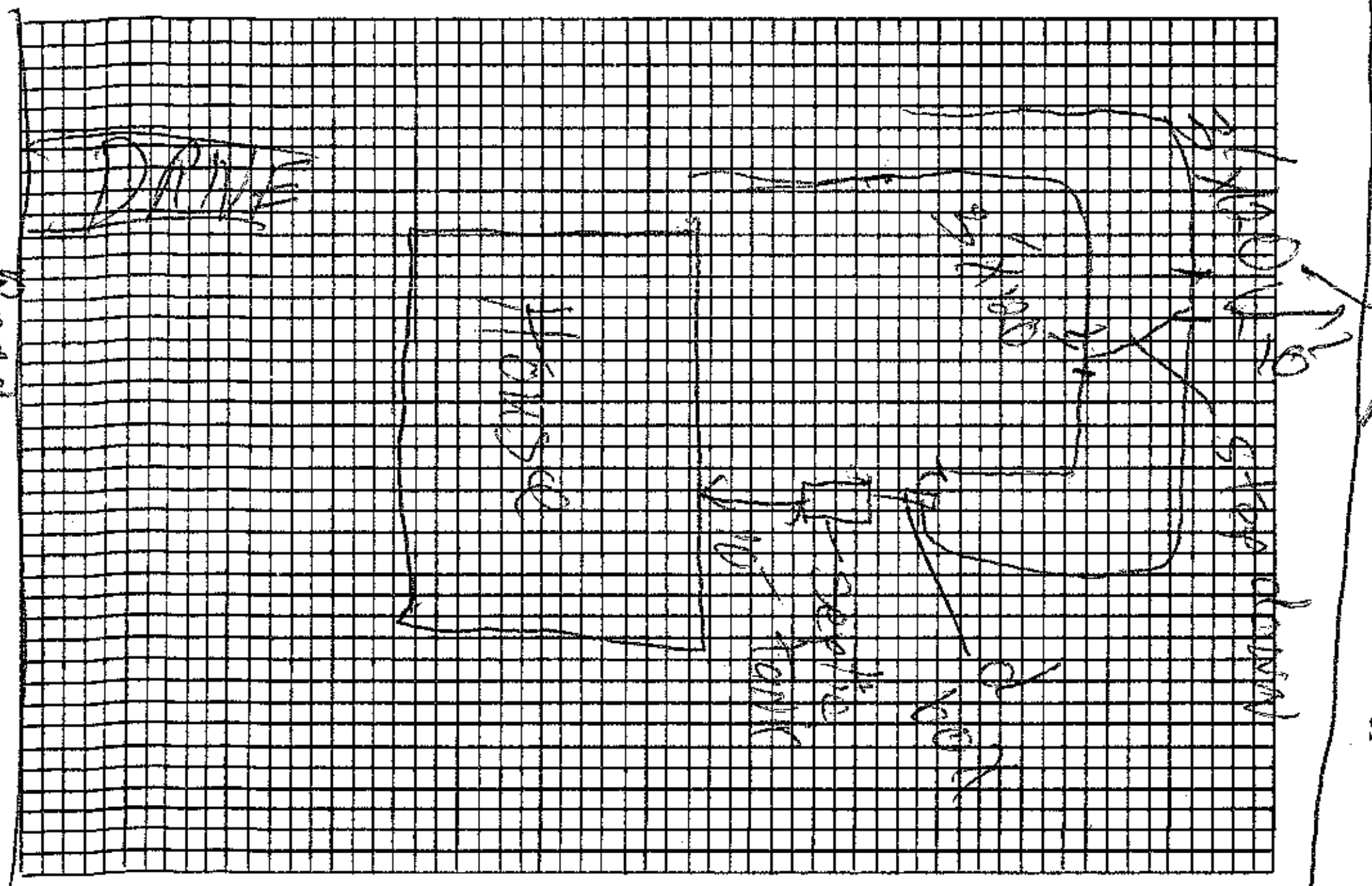
House (✓) Mobile Home ( ) Business ( ) Other ____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	0.3 gal/ft²/day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	none obs

Lot Area 29000 ft²

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines ____
Water Supply: Individual (✓)
Public ( )

property line

Installed by Orbison

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

Signed: ____

IMPROVEMENTS PERMIT BY FAC

COMMENTS: well is not down yet need to be 50' (minimum)

CERTIFICATE OF COMPLETION BY Charles K. Barnett / C. moore DATE 5-~~19~~ 20-86

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