4646387305

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 5-3-85 PERMIT NO. 188

PHONE: Business _____ Home _____

LOCATION 1109 TR. 1190 TO 1290 Lot on R before Elkpoint Church S. R. No. _____

SUBDIVISION NAME Hollenwood Harbor LOT NO. 81 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000 Sq Ft

Character & Porosity of Soil Clay

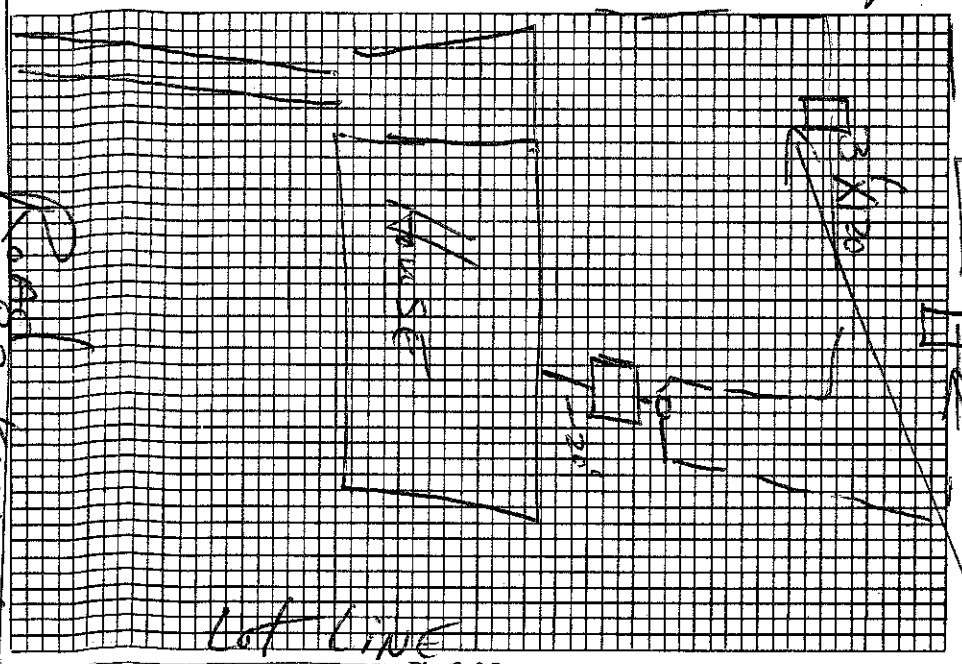
Percolation Rate 0.5 gal/ft²/day

Topography Level

Depth to Water Table _____

Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 220 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual X

Public ( )

Installed by Wayne Atkinson

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

Signed: _____

IMPROVEMENTS PERMIT BY: Jack Clemmer

COMMENTS: See plans

CERTIFICATE OF COMPLETION BY: Jack Clemmer DATE 5-3-85

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