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924

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 MICHAEL BREWER DATE 11/17/88 ~~PERMIT NO.~~ 21A

PHONE: Business _____ Home _____

LOCATION @ 150 W TL 1109 TR Sundown TL Brookway TL Elysian @ Cul de sac S. R. No. _____

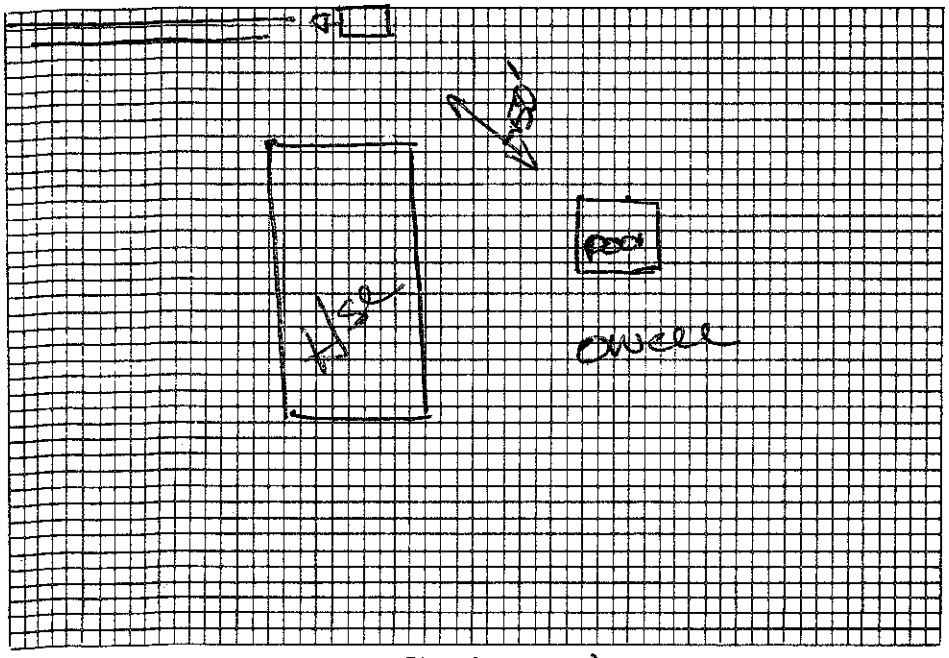
SUBDIVISION NAME Tidewood Harbor LOT NO. 60/61 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area 11

Character & Porosity of Soil existing
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

~~Basement with Plumbing~~ [ ] Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank existing Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System shows no sign of malfunction @ this date.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C. Pierce DATE 11/17/88

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

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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 Mike Brewer DATE March 30, 1979 PERMIT NO. 77

PHONE: Business _____ Home _____

LOCATION 1100 T.L. on 1109 T.L. on 1190

S. R. No. _____

SUBDIVISION NAME Idlewood Harbor LOT NO. 60, 61, & part of 63 SECTION OR BLOCK NO. _____

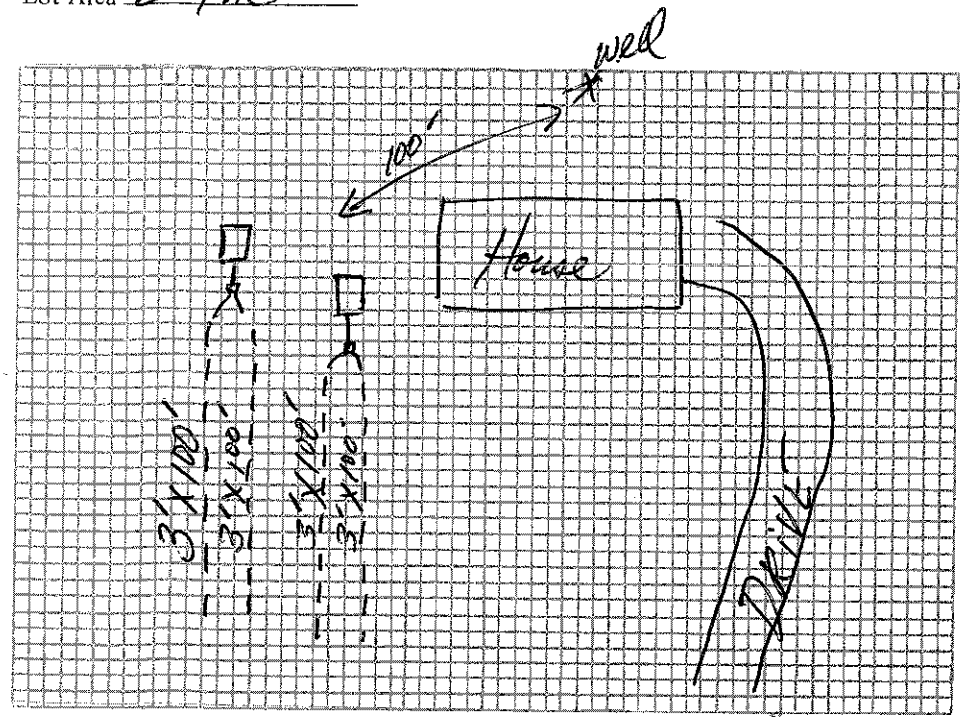
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 5 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 2¼ ac.

Character & Porosity of Soil clay loam
Percolation Rate —
Topography 2-4%
Depth to Water Table unk.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 2 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Grier Brown

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Henson DATE March

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

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold