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 Robert Brolin DATE 6-4-84 PERMIT NO. 140

PHONE: Business _____ Home _____

LOCATION 215 TR 1100 XI77 R 1196 1/3 Mile on R

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

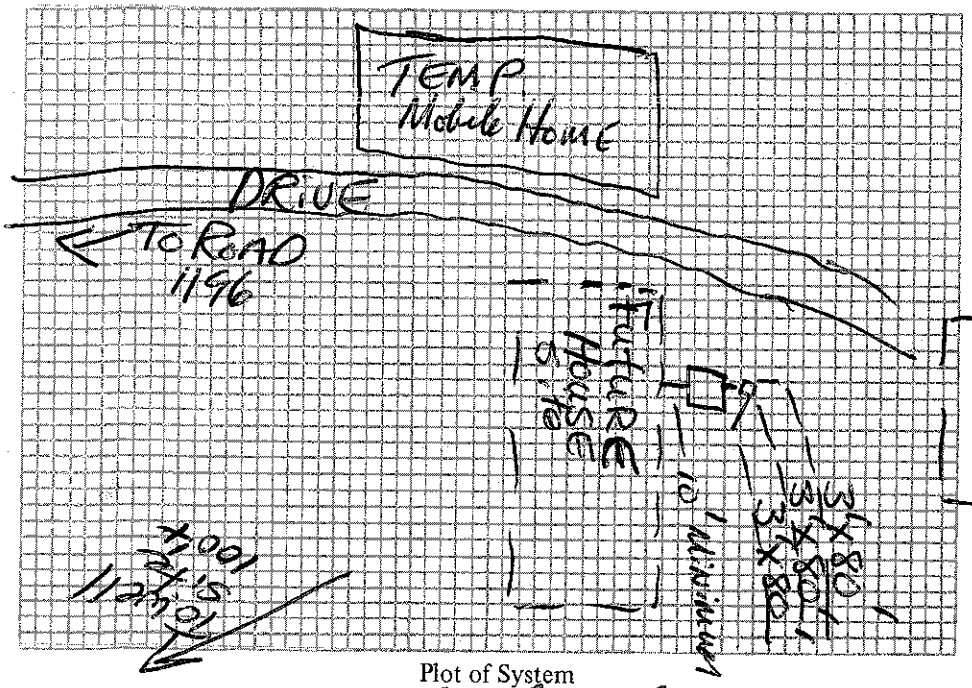
House (X) Mobile Home ( ) Business ( ) Other _____

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 ACREAGE

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/sq ft/day
Topography 2-10%
Depth to Water Table 4'
Rock or other impervious formations None obs.
1 LAKE



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____
Builders and agree to install septic tank system as specified on this Improvements Permit.

Signed: (X) Robert Brolin

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System shallow About 1.5' cover, follow contours

CERTIFICATE OF COMPLETION BY _____ DATE _____
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