4646-79-6749

IREDELL COUNTY HEALTH DEPARTMENT

12420

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert J. Brolin DATE June 5, '91 PERMIT NO. 2J-16-A-7

PHONE: Business ______ Home ______

LOCATION 21 S. TR 1100 x I77 TL Gibbs Rd (1196) ~1/4 mile TR private st. at end S. R. No. ______

SUBDIVISION NAME Newport Village LOT NO. 7 SECTION OR BLOCK NO. ______

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

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 1.29 AC

Character & Porosity of Soil PS clay

Percolation Rate ~.35

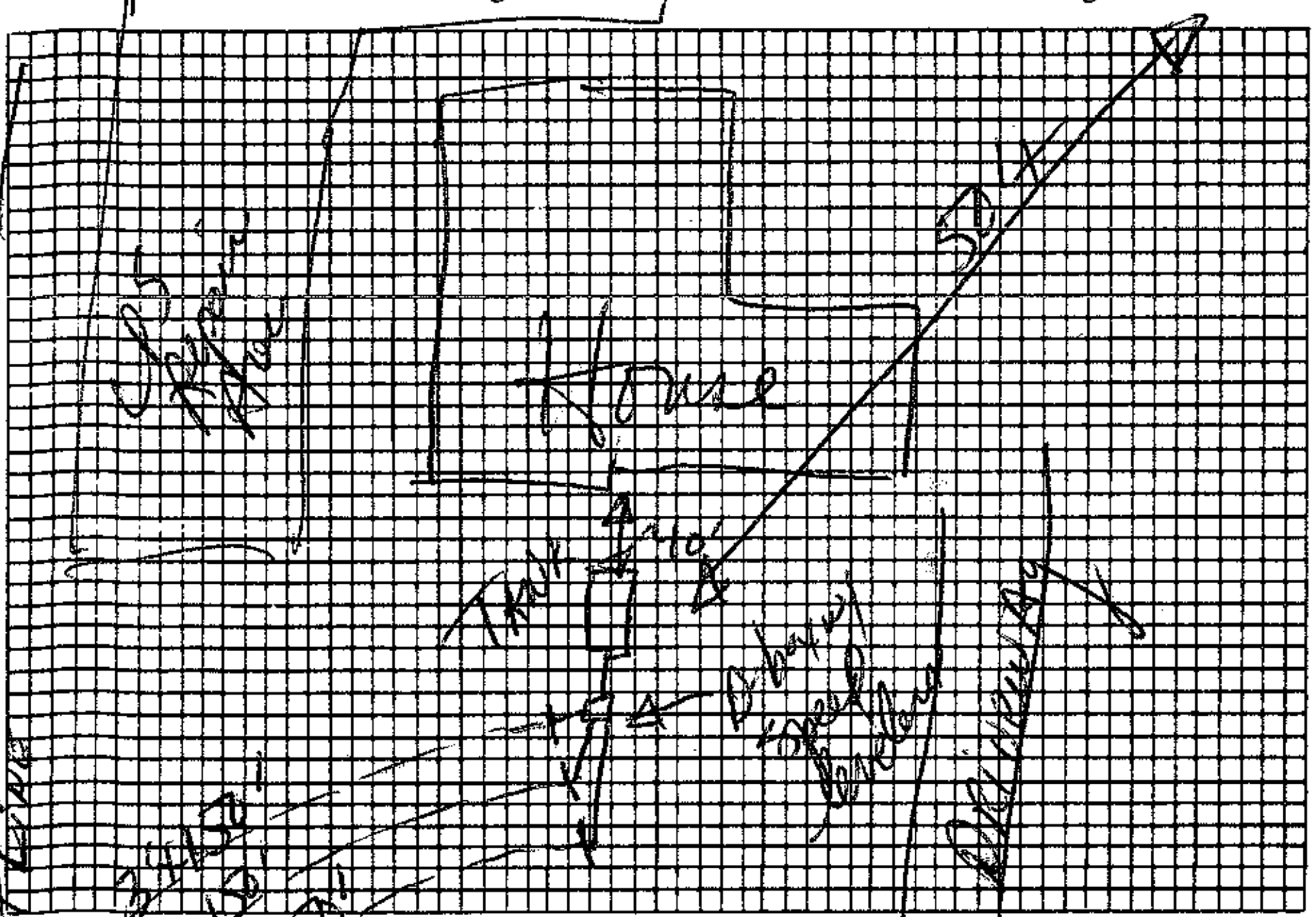
Topography 6-8%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement

Well



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1350 Linear Ft. 450

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Bob MacLeod

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

Signed: [redacted]

IMPROVEMENTS PERMIT BY DRH

COMMENTS: ______

CERTIFICATE OF COMPLETION BY David R. Hinson, RS, EH DATE June 5, '91

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

Cul-DSAC

STREET

10:30

IREDELL COUNTY HEALTH DEPARTMENT

1220

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Jo Brolin DATE Feb. 13, '91 PERMIT NO. 2J-16-A-7

PHONE: Business _____ Home _____

LOCATION 215 S. TR 1100 (Brawley Sch Rd.) x I77 TL 1196 (Gibbs Rd.) ¼ mile TR private street at end S. R. No. _____

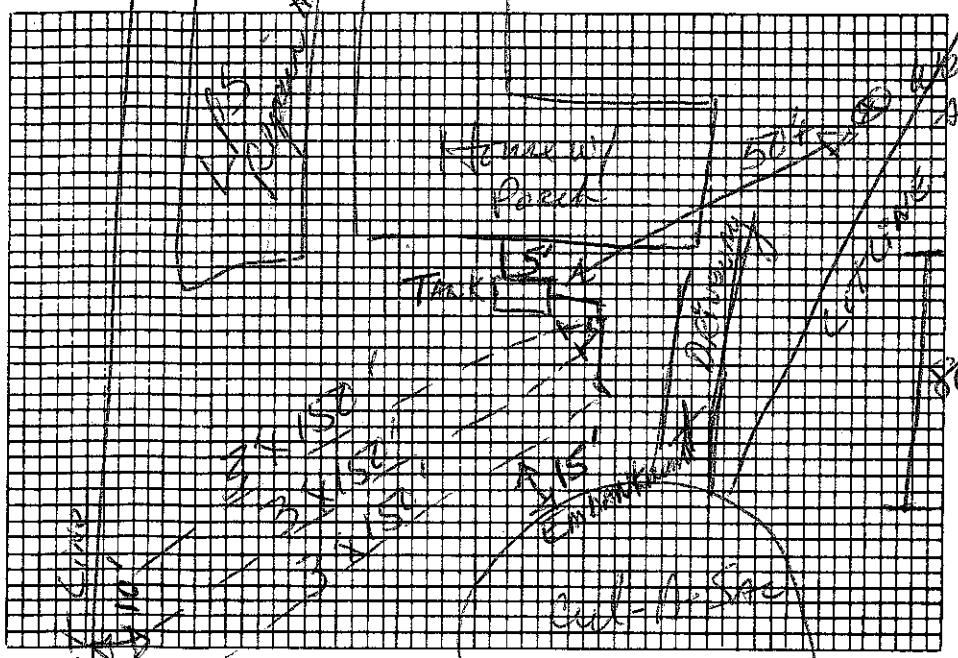
SUBDIVISION NAME Newport Village LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 2½
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 1.29 AC

Character & Porosity of Soil fs clay
Percolation Rate 2, 35
Topography 6-8%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1350 Linear Ft. 450
Depth of Stone in Lines 12"
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 D. R. Hanson, EHC

COMMENTS: Follow contour. Install all trenches at 36" trench bottom
Use D-box w/ Speed levelers. . .

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