10777

PIN# 4646-98-2521

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 E. Leonard DATE Aug 28, '90 PERMIT NO. 2T-11-A-16

PHONE: Business _____ Home _____

LOCATION 21 S. TR 1100 (Brawley Sch. Rd.) TL Sunfish TL Clipper's Lane, 2nd lot on Right S. R. No. _____

SUBDIVISION NAME Clipper's Run LOT NO. 16 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 1 Ac. ±

Character & Porosity of Soil PS clay

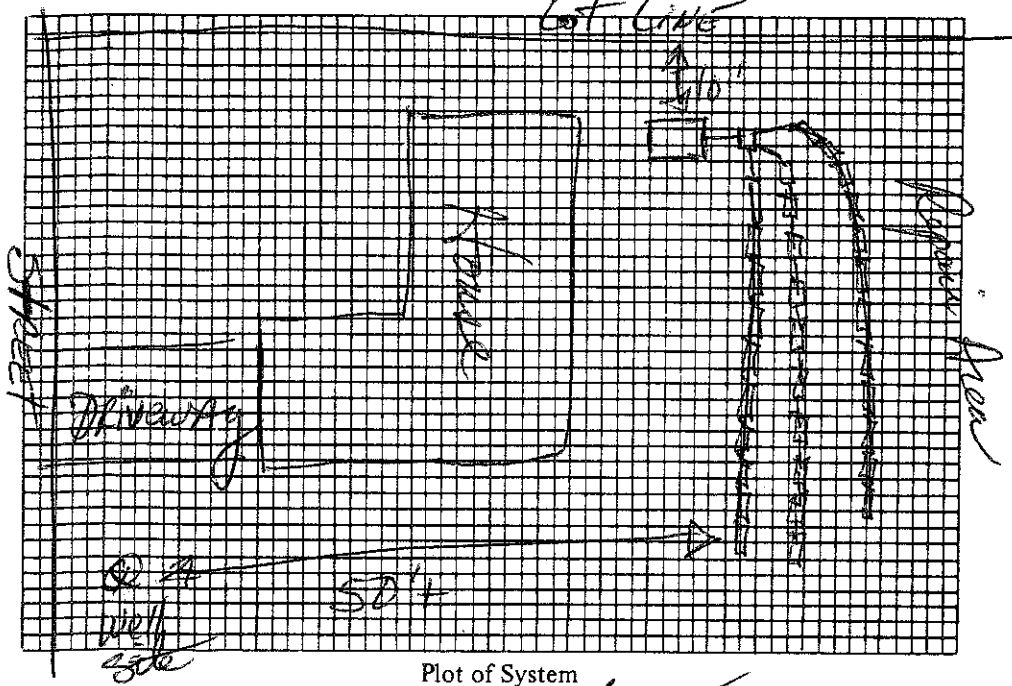
Percolation Rate 3-4

Topography 2-4%

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. _____ Linear Ft. 200'±

Depth of Stone in Lines 16" 17" 24"

Water Supply: Individual (✓) panel gravity flow

Public ( )

Installed by Dennis Gallihen

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Well not installed.

CERTIFICATE OF COMPLETION BY John R. Johnson REHS DATE 8-28-90

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