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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 R&L MacLeod Inustments DATE 6/21/90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21S, Rt on Brawley School, Lf on Sunfish, 500' on Lf

SUBDIVISION NAME Clippers Run S. R. No. _____

LOT NO. 28 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS clay

Percolation Rate ~1,315

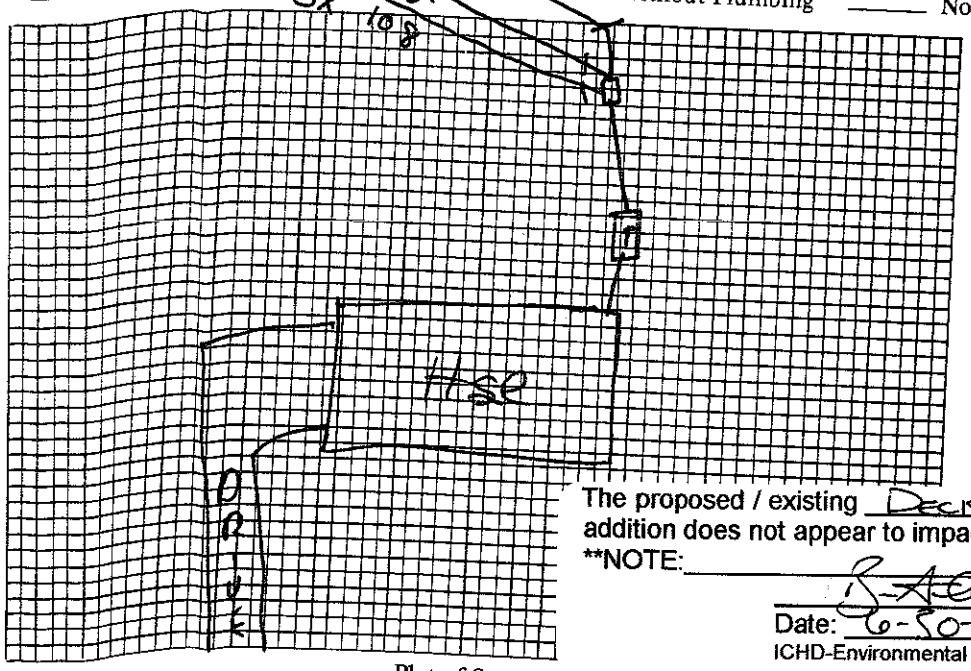
Topography 2-4 %

Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual (✓) To be drilled

Public ( )

Installed by R&R: MacLeod

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

The proposed / existing Deck addition does not appear to impact the existing septic system.

**NOTE: _____

_____ REHS _____

Date: 6-30-10

ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY ORH

COMMENTS: Keep well 50' min from septic area

CERTIFICATE OF COMPLETION BY _____ DATE 6/21/90

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

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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)

McLeod

OWNER OR CONTRACTOR L & I MacLeod Investments DATE Feb 21, 90 PERMIT NO. 2J-11-A-28

PHONE: Business _____ Home _____

LOCATION 2.5 S. TR 1100 (Brawley Sch Rd) TL Sanford
~500' on left

SUBDIVISION NAME Clipper's Run LOT NO. 28 SECTION OR BLOCK NO. _____ S. R. No. _____

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

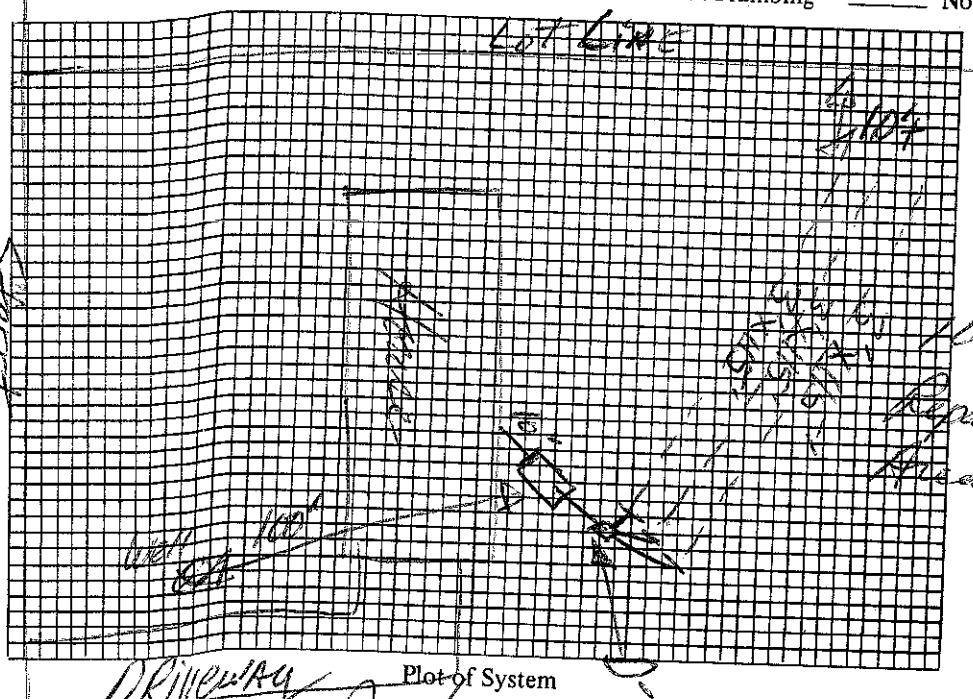
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 2.2 Ac

Character & Porosity of Soil ps clay loams.
Percolation Rate 1 in 35
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
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 _____

COMMENTS: Follow contour. Maximum trench bottom depth 30". Home to be located on crest of hill.

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