4646-99-5253

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 Investments DATE 6/21/90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215, Rt on Brawley School, Lf on Sunfish, 500' on Lf

_____ S. R. No. _____

SUBDIVISION NAME Clippers Run LOT NO. 28 SECTION OR BLOCK NO. _____

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

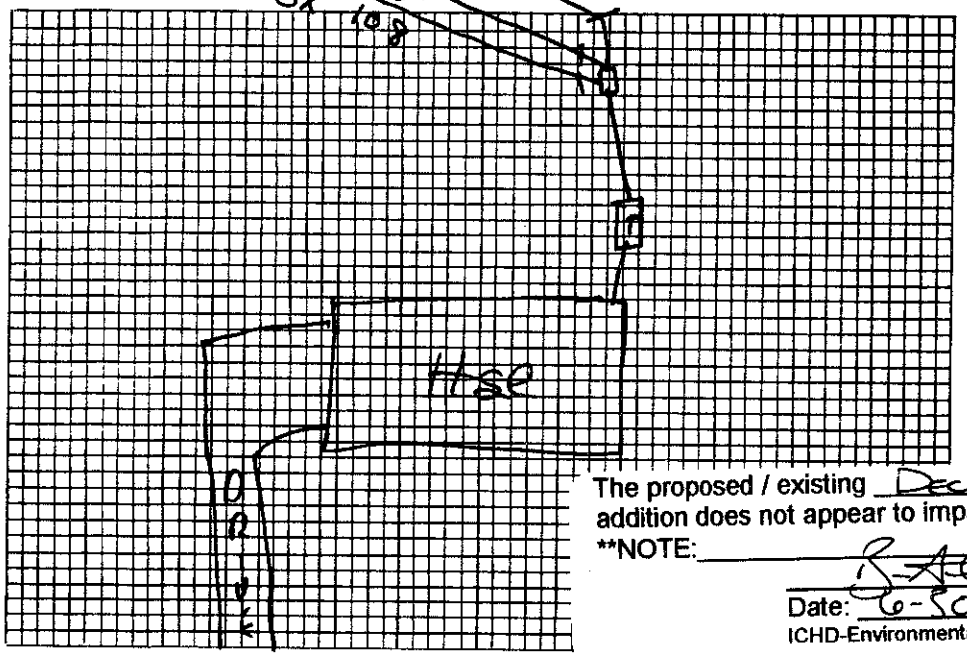
No. Bedrooms 3 No. Bathrooms 2

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 N, 3/5
Topography 2-4 %
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing 3x10' 3x10' _____ 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: 6-20-90
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