4647-70-3098

10640

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 Nov. 14, '89 PERMIT NO 2J-16-A-5

PHONE: Business _____ Home _____

LOCATION 215 TR 1100 x I-77 TL 1196 (Gibbs Rd.) ~ ¼ mile TR at end S. R. No. _____

SUBDIVISION NAME Newport Village LOT NO. 52 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other (Replacing M. Howith house)

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable ~~PS~~ Yes ( ) No ( )

Lot Area Existing

Character & Porosity of Soil p.s. clay

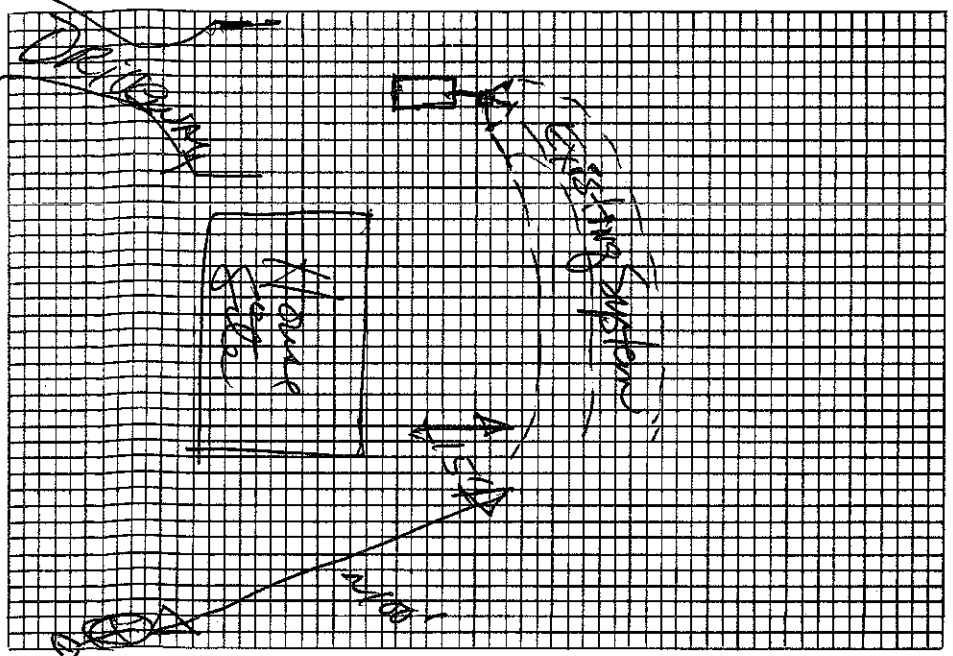
Percolation Rate _____

Topography 2-6%

Depth to Water Table unk.

Rock or other impervious formations none obs. on top of ground

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

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: Existing system showing no sign of malfunction at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: [signature] R.S. DATE 11-14-89

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