4647-70-9131

10229

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. 17, 89 PERMIT NO. 2J-B-9

PHONE: Business _____ Home _____

LOCATION 215. TR 1100 x I77 TL Gibbs Rd. 1/4-1/2 mile on Right S. R. No. _____

SUBDIVISION NAME Newport Village LOT NO. 1 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/S	Yes (✓)	No ( )	

Lot Area ~3/4 Ac. LOT LINE

Character & Porosity of Soil clay

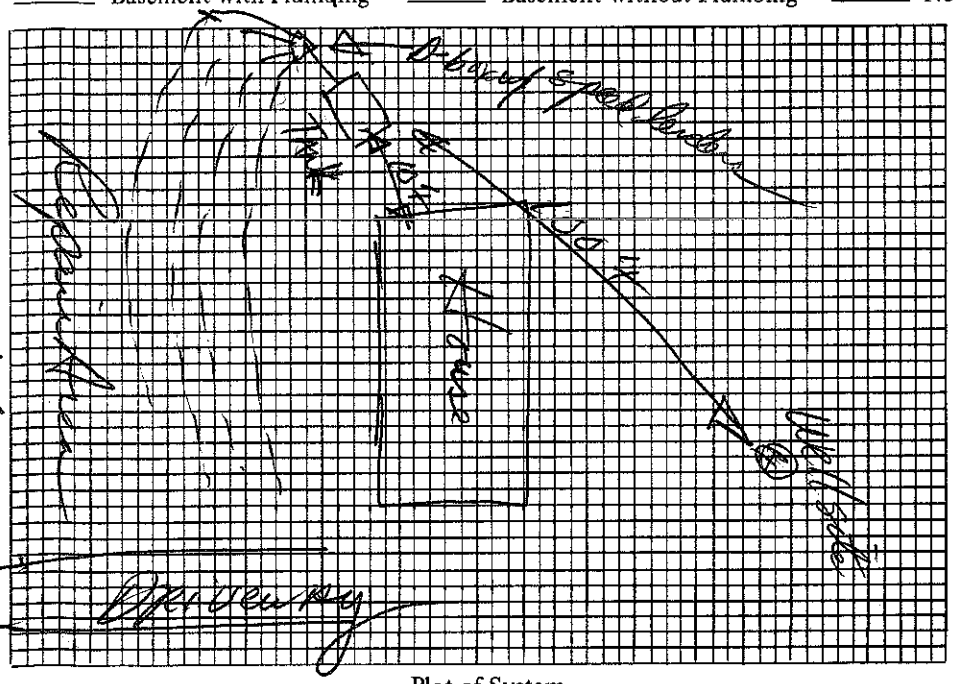
Percolation Rate no 35

Topography 4%

Depth to Water Table 4ft

Rock or other impervious formations more obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1020 Linear Ft. 340
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: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 11-17-89

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

22:00

10224

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 7/20/89 PERMIT NO. 21 A

PHONE: Business _____ Home 664-2766

LOCATION 21 S. TR 1100 TL Gibbs ~ ½ mi on R

S. R. No. _____

SUBDIVISION NAME New Port Village LOT NO. 1 SECTION OR BLOCK NO. _____

Davidson 2J-B-9

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 Clayey

Percolation Rate 35 gpd/A/D

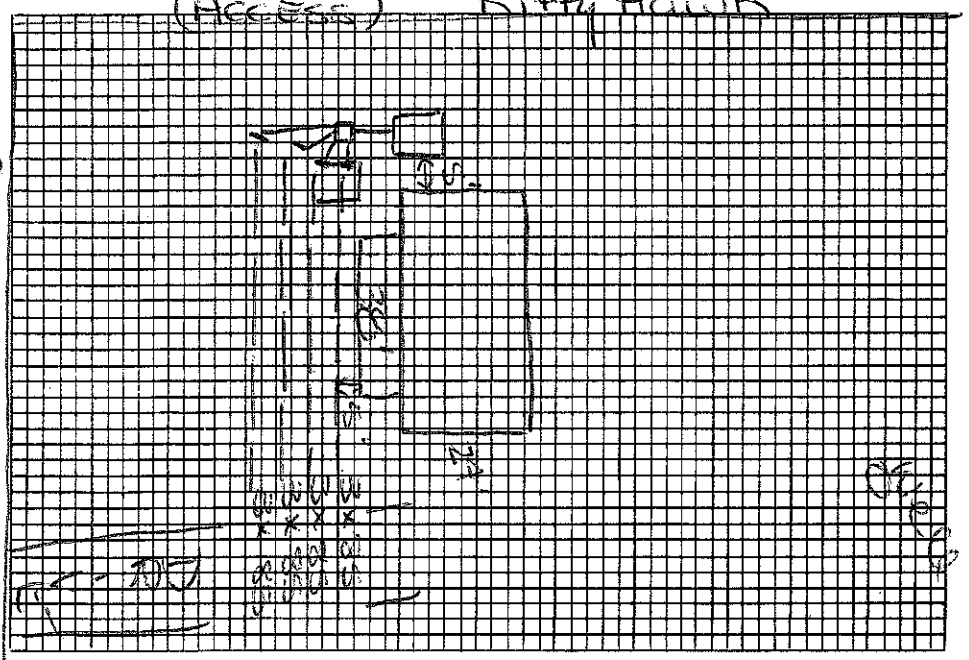
Topography 4%

Depth to Water Table 4'+

Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1020 Linear Ft. 340

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 Andie Pierce, R.S.

COMMENTS: Use 1 distribution box and 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