IREDELL COUNTY HEALTH DEPARTMENT 4655232115

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jackie Brown DATE June 4, '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1155. TR 1223 (Eastport TR.) TR 1224 (Eastport Lane) 5th house on Right S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

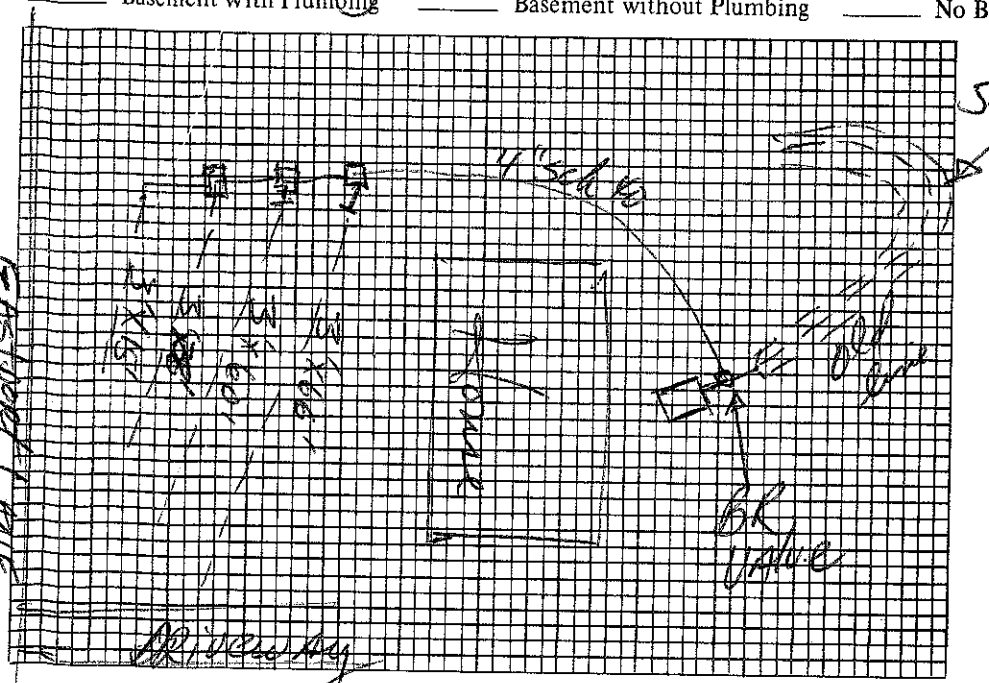
No. Bedrooms 3 No. Bathrooms 2

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 PS clay
Percolation Rate n. 4
Topography 10%
Depth to Water Table 4'
Rock or other impervious formations some scattered rock

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓



Well

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 531 Linear Ft. 2179
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Jimmie Farrington

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DR Henson, EHS DATE 6-4-90

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