P.02

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 C. Brown DATE 12-13-85 PERMIT NO. 399

PHONE: Business _____ Home _____

LOCATION 1100 on left About 300 Ft From US. 21 South on paved Street NEAR END ON R S. R. No. _____

SUBDIVISION NAME CARE FREE ~~Estates~~ Estates LOT NO. 17 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

~~Site Suitable~~ Yes (X) No ( )

Lot Area 20,000 SQ FT

Character & Porosity of Soil Clay

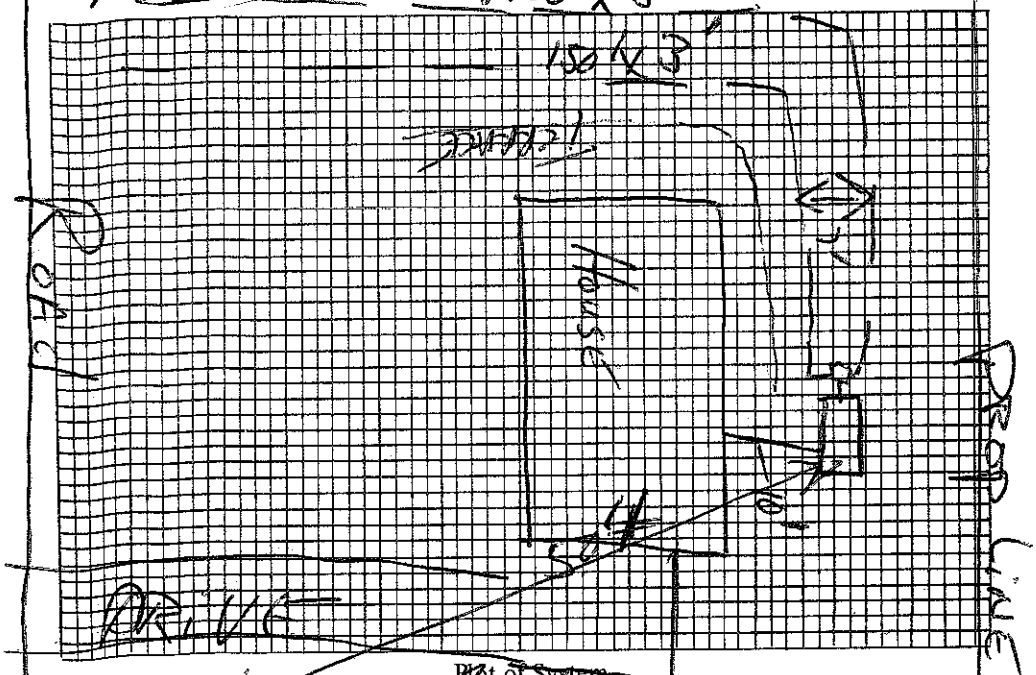
Percolation Rate 0.4 gal/ft²/day

Topography 2-6%

Depth to Water Table 4'

Rock or other impervious formations NONE OBS.

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: X Robert C Brown

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Follow Contours, Keep System as Shallow as possible

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