11:00

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 Terry Brown DATE 7-19-84 PERMIT NO. 198

PHONE: Business _____ Home _____

LOCATION W. Wilson St. TL, Hwy 21 South TR 1100 400' on left TL paved drive S. R. No. _____

SUBDIVISION NAME CARE FREE Estates LOT NO. 19+20 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

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

Site Suitable Yes (X) No ( )

Lot Area 20,000 Ft² +

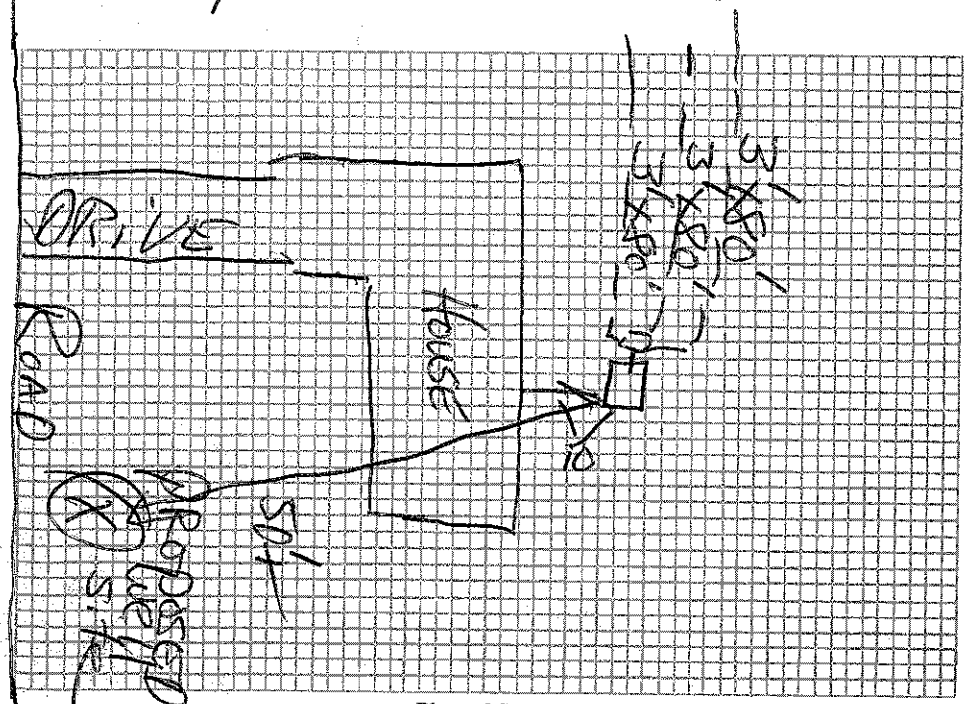
Character & Porosity of Soil Clay loam

Percolation Rate 0.5 gal/ft²/day

Topography 2-4%

Depth to Water Table 4' +

Rock or other ~~impervious~~ formations None obs.



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
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: Barbara J. Brown

IMPROVEMENTS PERMIT BY: Fred Clemmer

COMMENTS: Keep system shallow, follow contours

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