1341

4668-51-1951

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Artic[illegible])

OWNER OR CONTRACTOR John Brown DATE 7/3/90 PERMIT NO. 2N-11-A-2

PHONE: Business _____ Home _____

LOCATION 150E. TL 2397 (Overhead Bridge Rd) TR into Highland Crossing 1st lot on left corner lot S. R. No. _____

SUBDIVISION NAME Highland Crossing LOT NO. 2 SECTION OR BLOCK NO. _____

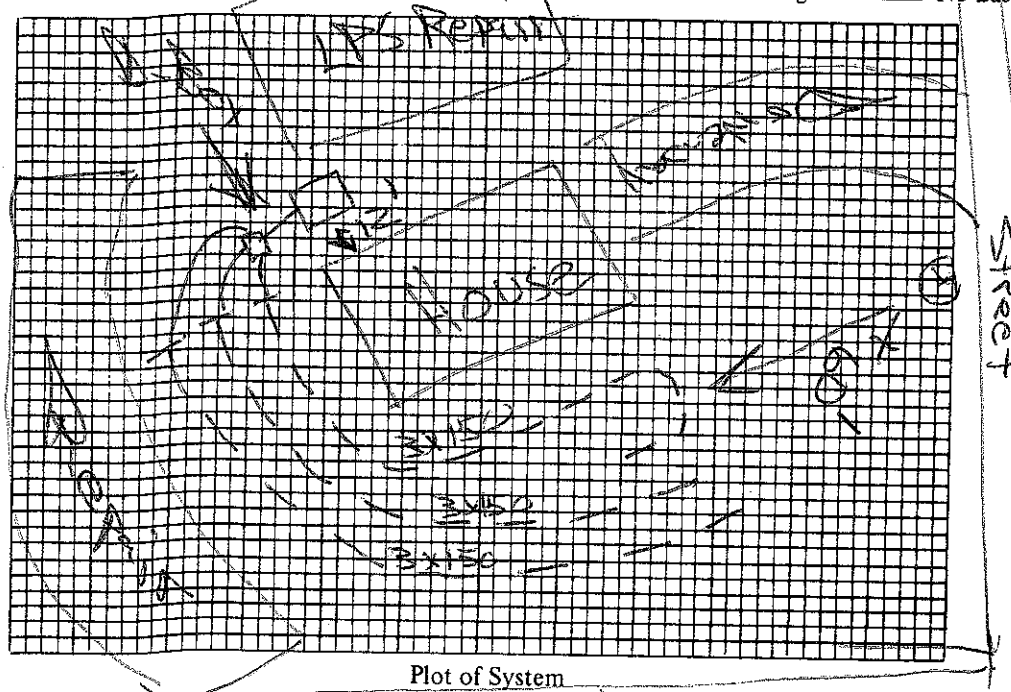
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (?) No ( )
Lot Area 40,000 SF

Character & Porosity of Soil PS clay
Percolation Rate .35 - 1.4
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none obs

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1350 Linear Ft. 450
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by C L Morrison

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

Signed: _____

IMPROVEMENTS PERMIT BY DTH 2397

COMMENTS: The proposed / existing SHED / OUT BUILDING addition does not appear to impact the existing septic system.

**NOTE: _____

_____ R.S.

Date: 7/31/90
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Sam Engram EHS DATE 9/3/90

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

