1341

# IREDELL COUNTY HEALTH DEPARTMENT

4668-51-1951

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR John Brown DATE 7/3/90 PERMIT NO. IN-1-A-2

PHONE: Business _____ Home _____

LOCATION 150 E. TL 2397 (Overhead Bridge Rd) TR into Highland Crossing 1st lot on left corner lot

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

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

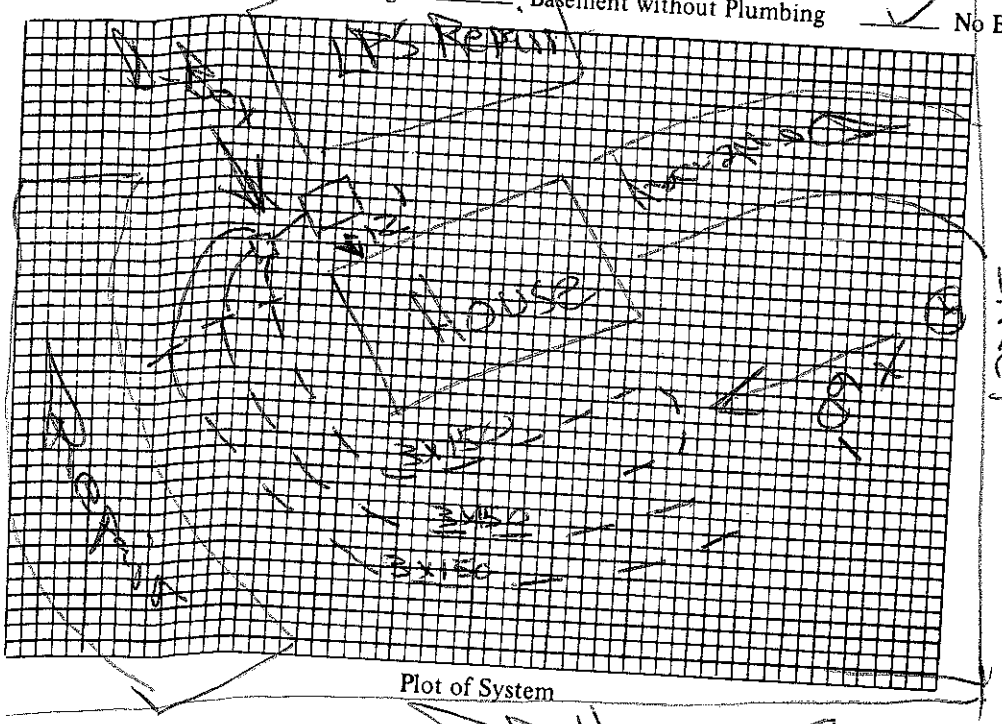
No. Bedrooms 4 No. Bathrooms 3

| | | |
|---|---|---|
| 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 - .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 DRH 2397

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 7/3/90

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