1765

4668-51-8998

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 Brighstar Dev. Co. DATE Oct 17, '91 PERMIT NO. IN-11-A-7

PHONE: Business _____ Home _____

LOCATION 150 E. TL creekhead Bridge Rd. TR Highland Crossing ~500' on left S. R. No. _____

SUBDIVISION NAME Highland Crossing LOT NO. 7 SECTION OR BLOCK NO. _____

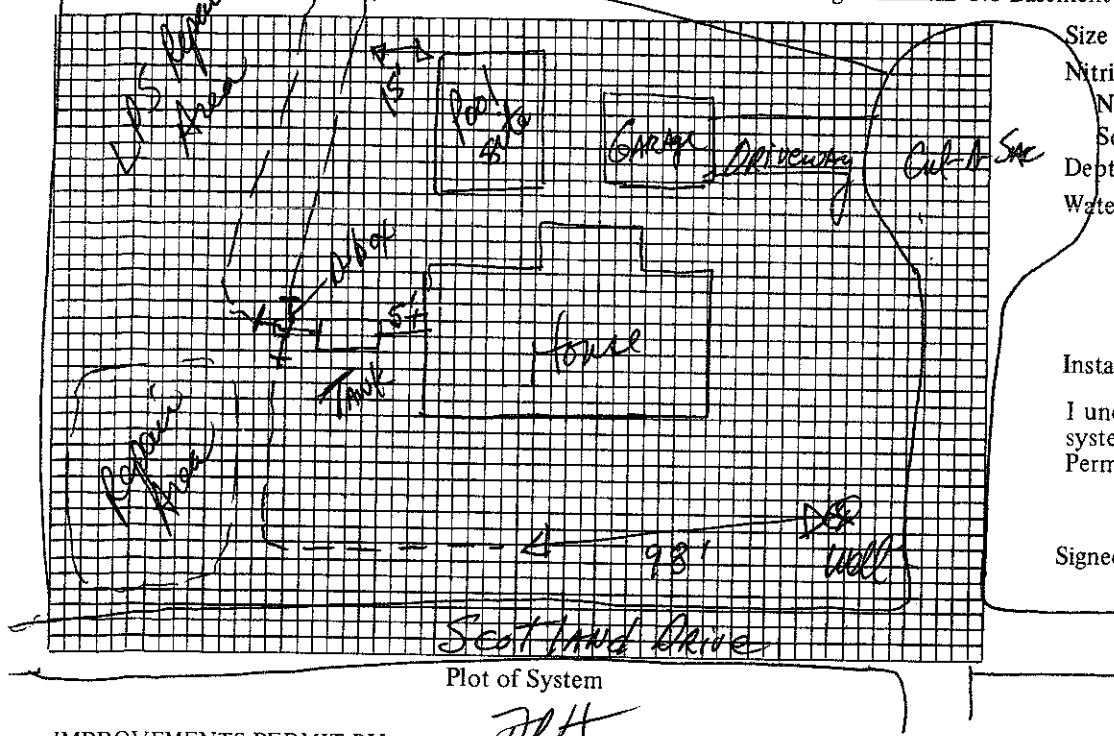
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2-4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
Site ~~Suitable~~ RS	Yes (✓)	No ( )	Depth to Water Table	6'
			Rock or other impervious formations	none obs.

Lot Area 40,000 sq ft

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Sigmon / AAA Ent.

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 D. R. Hinson, RS DATE 10-17-91

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