1288

4668-61-2932

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

Part of

OWNER OR CONTRACTOR John Brown DATE ~~Feb 26, 1990~~ PERMIT NO. 1N-A-91

Finaled Feb 27, 1990

PHONE: Business _____ Home _____

LOCATION 150 E. TL Overhead Bridge Rd. TR Scotland Drive on left Corner lot with Brigadon Dr. S. R. No. _____

SUBDIVISION NAME Highland Crossing LOT NO. 10 SECTION OR BLOCK NO. _____

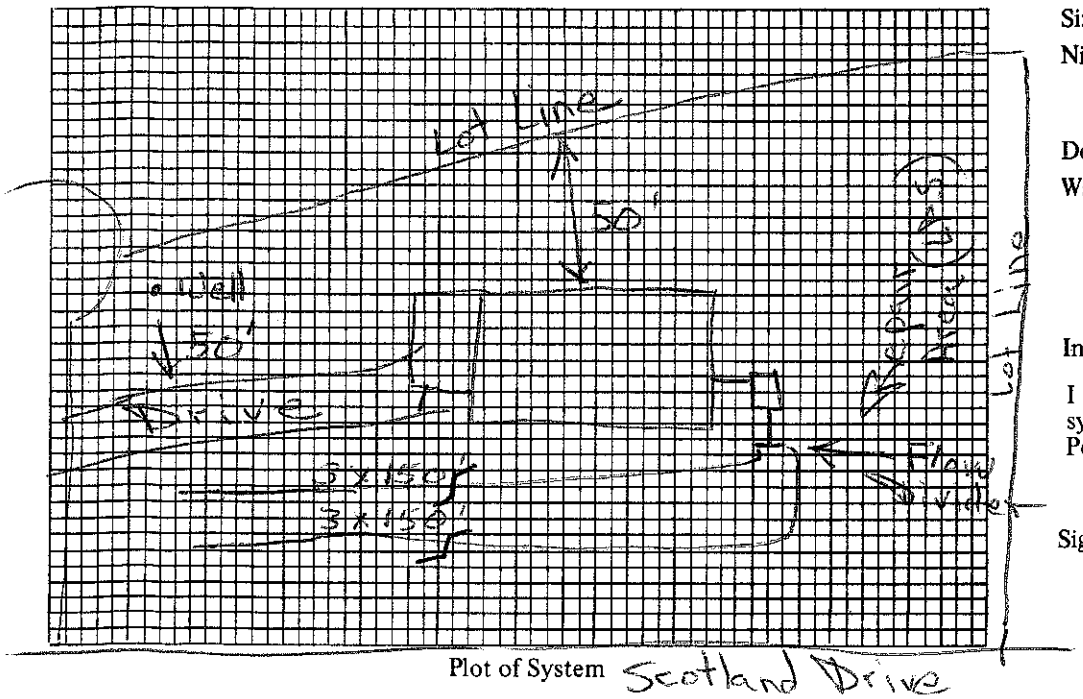
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay/BC
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~ 1"
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~ 2%
Site ~~Suitable~~ PS	Yes ( )	No ( )	Depth to Water Table	4' +
			Rock or other impervious formations	None obs

Lot Area 41,208

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Scotland Drive

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2 @ 150'
Sq. Ft. 900' Linear Ft. 300'
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Sigmon

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well in place @ time of final inspection
Stepdowns in each line ~ 90' from tank even with where garage breaks off from house

CERTIFICATE OF COMPLETION BY Sam Ingram 274 DATE Feb. 26, 1990

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