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 Clyde Cookman DATE 8-19-85 PERMIT NO. 289

PHONE: Business ______ Home ______

LOCATION N Main Street TR 1150 TL 1153 (Brumley Road) 1/4 mile on R S. R. No. ______

SUBDIVISION NAME Quail Hill LOT NO. 2+3 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

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

Site Suitable Yes (X) No ( ) (Lot 2)

Lot Area 2 Acres

Character & Porosity of Soil Clay

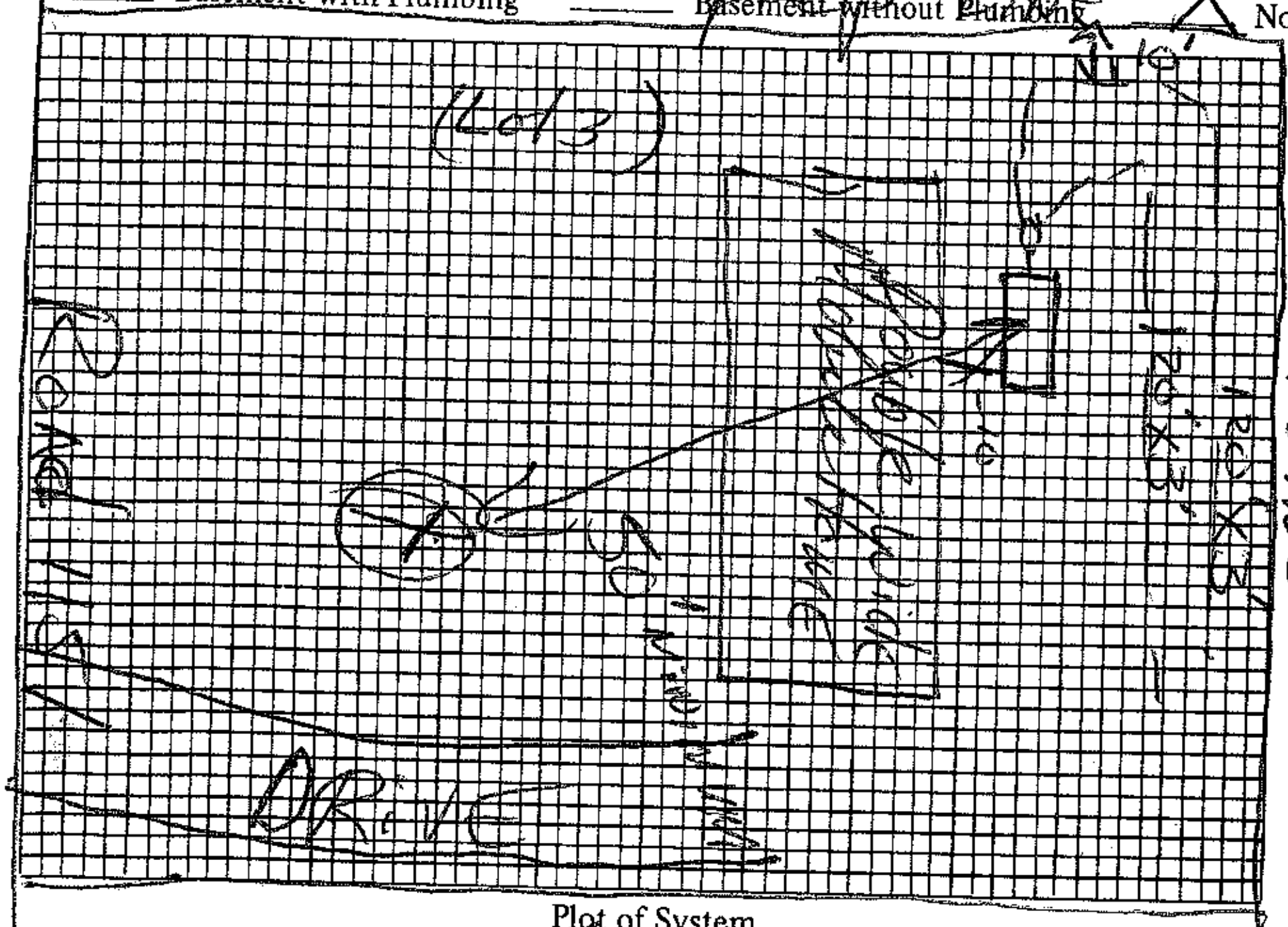
Percolation Rate 0.5 gal/ft²/day

Topography 2-4%

Depth to Water Table 4'

Rock or other impervious formations NONE obs.

____ Basement with Plumbing ____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 2

No. of Lines

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: Clyde Cookman

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow about 2' cover maximum

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