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 Rev. Johnny Cozart DATE 1/21/86 PERMIT NO. 15

PHONE: Business _____ Home _____

LOCATION 152 E, Rt on 1153, ½ mile on Rt (Brumley Rd)

S. R. No. _____

SUBDIVISION NAME Maryane H. Clinard Propel LOT NO. — SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Reissue of Permit Dated 9/12/85

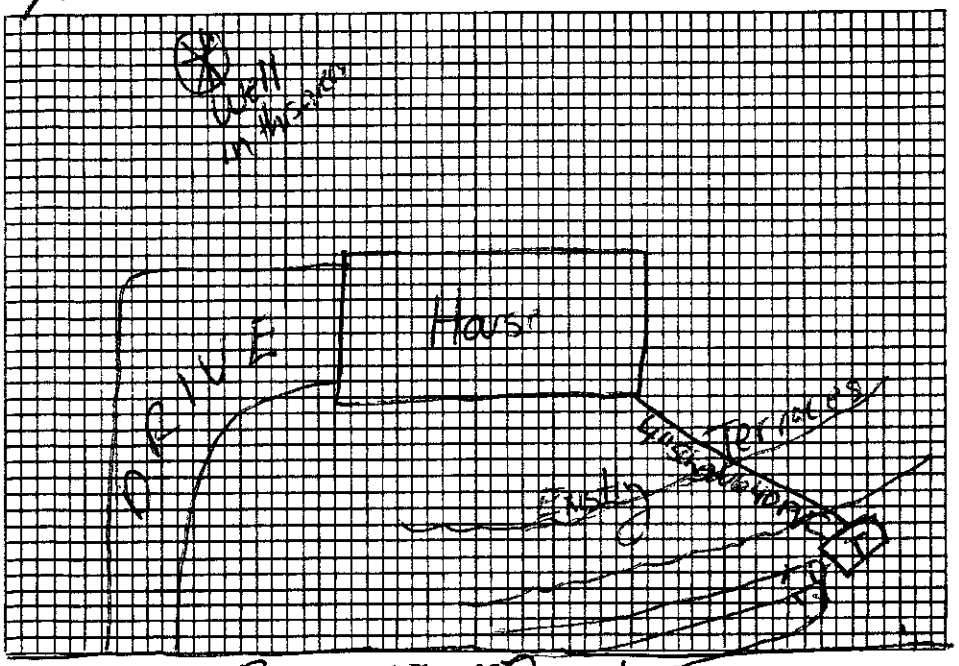
No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay loam-clay
Percolation Rate 0.5 gpd/ft²
Topography 2-6%
Depth to Water Table 41+
Rock or other impervious formations None Noted

Lot Area 3.0 acres

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 760 Linear Ft. 320
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

Brumley Road

IMPROVEMENTS PERMIT BY Ken Sheets KS

COMMENTS: System must go in lower terrace to allow for system at decent depth for basement plumbing. Any length configuration is OK as long as 320 Lf is achieved

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