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 TRIANGLE CONST. CO. DATE 6-25-85. PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION Buffalo Shoals Rd. west 1/2 mi. past Kyles Xing on left -- enter dev. around curve - lot on (R). S. R. No. ____

SUBDIVISION NAME TIMBERBROOK DEV. LOT NO. 4 (PLAT 4) SECTION OR BLOCK NO. ____

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

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soil Prov. Suitable

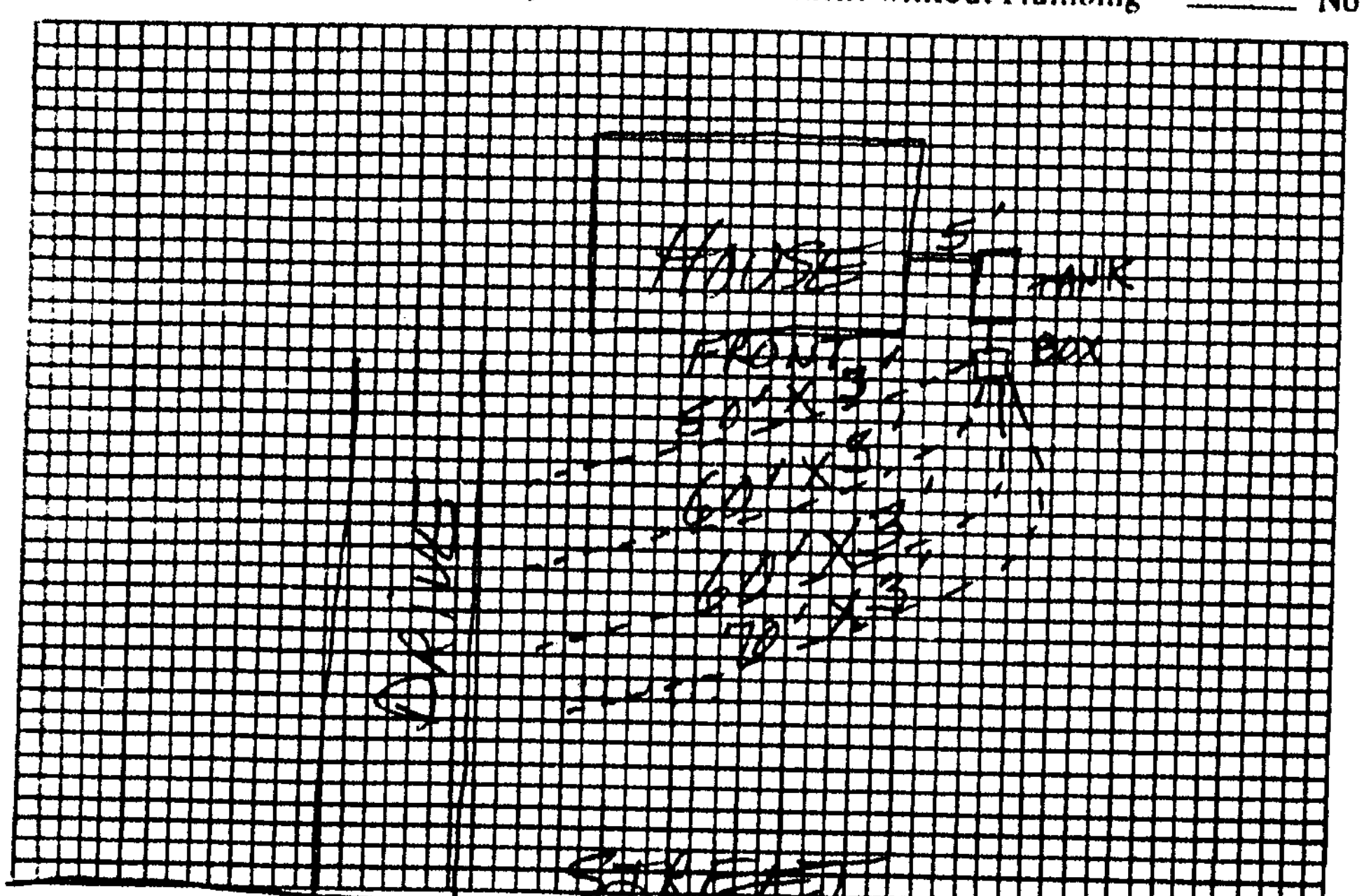
Percolation Rate .5 gal./sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Triangle Const. Co.

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

Signed: ____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: ____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-25-85.

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