10980.

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 TRI SOUTH CONST. DATE 5-24-90 PERMIT NO. 9A-A-33A

PHONE: Business _____ Home _____

LOCATION Hwy 115 N - Take on Scotts Creek Rd. - 2nd lot on L before end of pavement and Dead End Sign. S. R. No. _____

SUBDIVISION NAME BROOKHAVEN ESTATES, LOT NO. 26 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 3 Acres.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Character & Porosity of Soil Prev. Suitable.

Percolation Rate Prev. Log. OK.

Topography 2 - Slight

Depth to Water Table 18" +

Rock or other impervious formations None observed.

Size of Tank 1000 Gals.

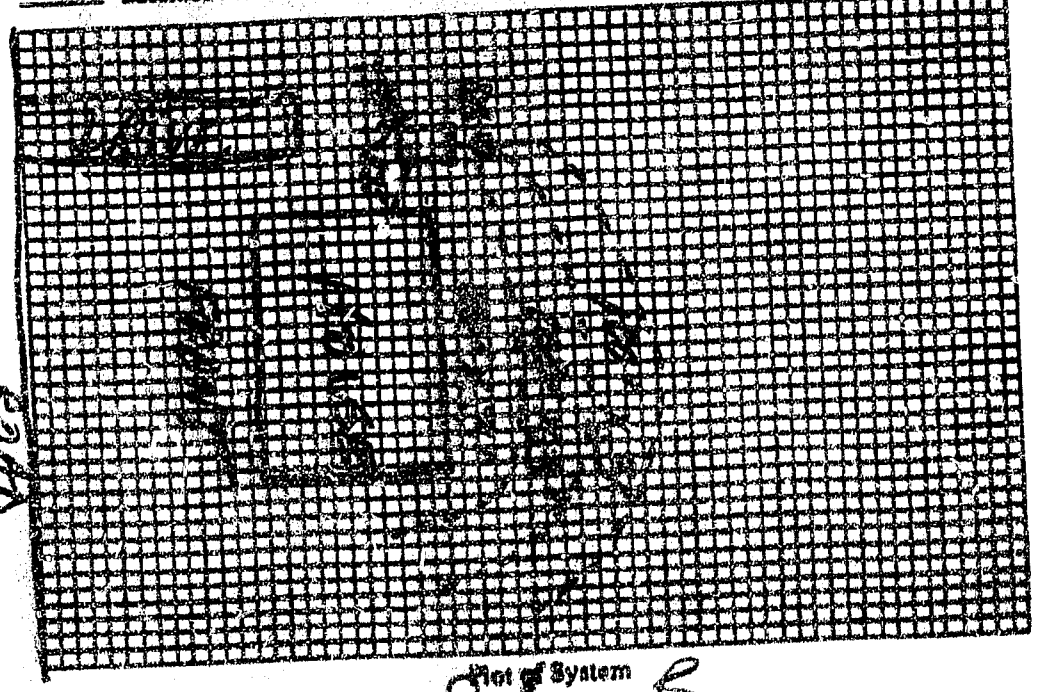
Nitrification Field:

No. of Lines 3

Sq. Ft. 300 Lineal Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by Cleffin Stevens

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 6-14-90.

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