IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 40016
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12828

OWNER OR CONTRACTOR CRANDALL-O'BRIEN CONST. DATE 7/1/91 PERMIT NO. 9A-8-A-22

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL SCOTTS CREEK RD, TR BROOK HOLLOW, TR HOLLOW BROOK CT, AT ENA ON (R) _____ S. R. No. _____

SUBDIVISION NAME BROOK HOLLOW EST LOT NO. 22 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

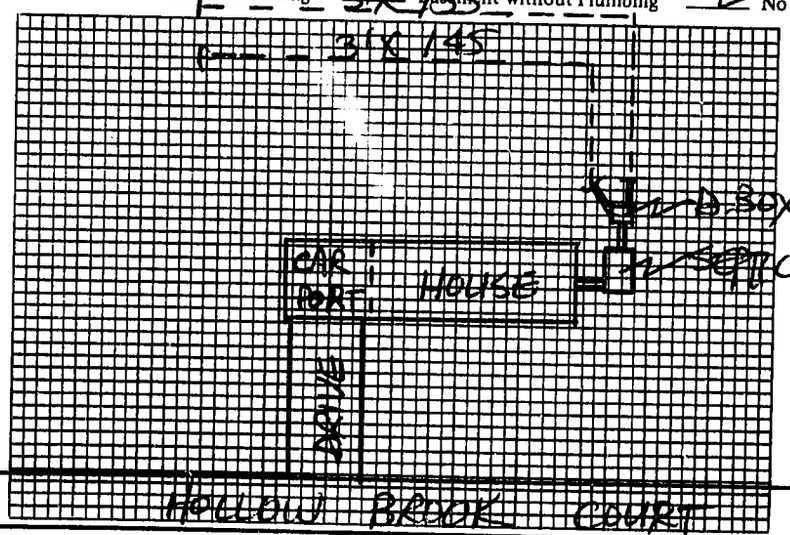
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area AMPLE

Character & Porosity of Soil PS
Percolation Rate .4 GPD / FT2
Topography 2-6%
Depth to Water Table >4'
Rock or other impervious formations NONE

_____ Basement with Plumbing 3X 145 Basement without Plumbing _____ No Basement ✓

ACP 5/22/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by D & I BACKHOE

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 HEDRICK DATE 7/1/91

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