IREDELL COUNTY HEALTH DEPARTMENT

39585

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

12439

OWNER OR CONTRACTOR TRI SOUTH CONST. DATE 7/12/91 PERMIT NO. 9A-8-A-20

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL SCOTTS CREEK RD

S. R. No. _____

SUBDIVISION NAME BROOKHOLLOW EST. LOT NO. 20 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

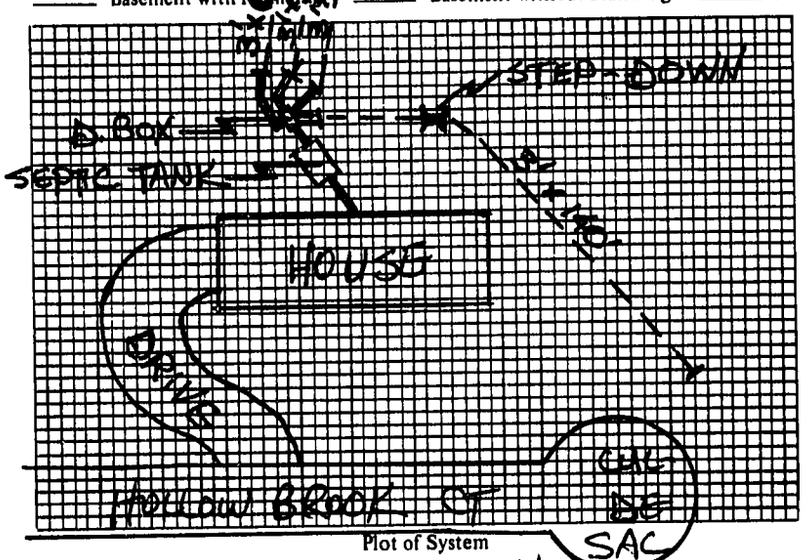
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate 4 GPD/FT2
Topography 4-6% LS
Depth to Water Table 54"
Rock or other impervious formations NONE

Lot Area LIMITED

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

TP 1/5/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by FORREST STAFFORD

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/12/91

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