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 Burley Myers DATE 5-17-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64E, left on Old Mocksville RD #2158, left on RD #2192 Brookview T.P. S. R. No. _____

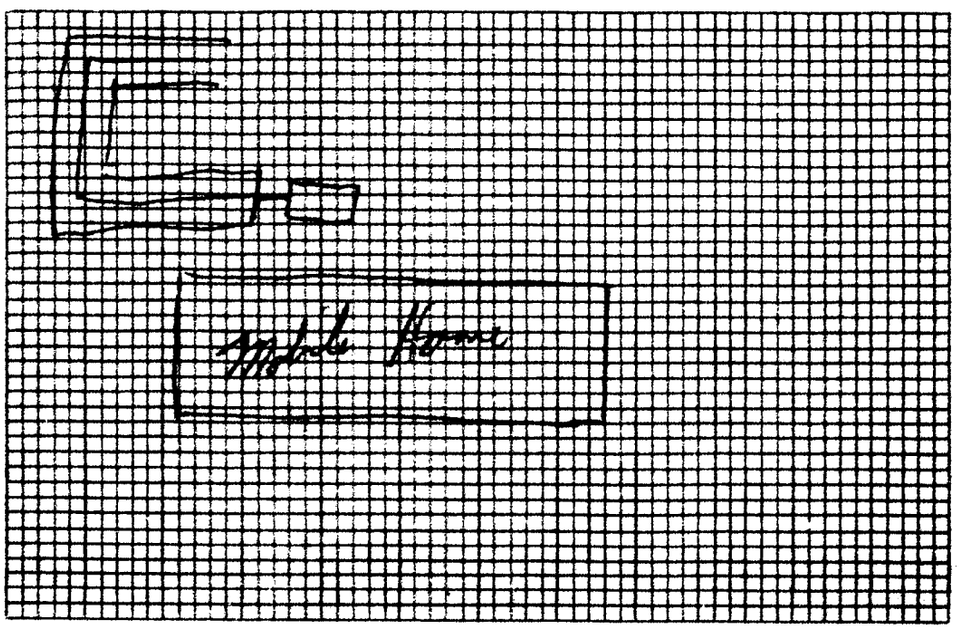
SUBDIVISION NAME Brookview Trailer Park LOT NO. 27-A SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 100X110

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography Slope to Rt.
Depth to Water Table _____
Rock or other impervious formations None



Plot of System

Size of Tank 1,000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 750
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Hasty Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew Causey DATE 5-17-78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold