## 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 PAUL BRYNSKI DATE 4-10-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 208 BROOKMEADE DR.

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes (✓) No ( ) Repair

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

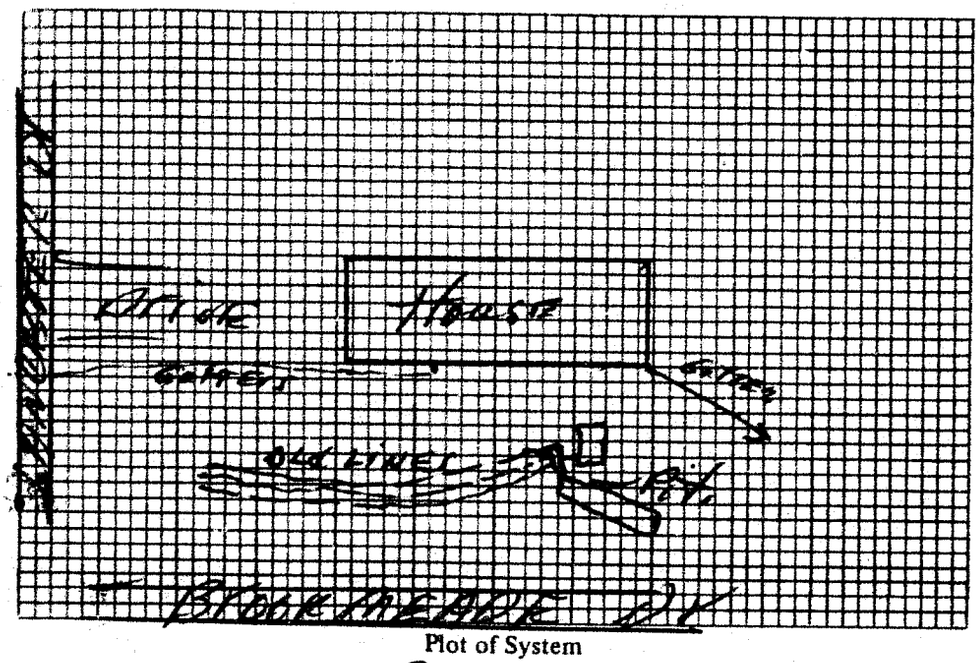
Character & Porosity of Soil Clay & Rolling Clay

Percolation Rate _____

Topography 2 - 6%

Depth to Water Table 10'+

Rock or other impervious formations NONE




Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 75 Linear Ft. 25

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Robert Hoke

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 4/10/80

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