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 Earl Searcy DATE 9-17-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Broad St. TR on Brookmeade TL on Wickersham 1st house on left S. R. No. _____

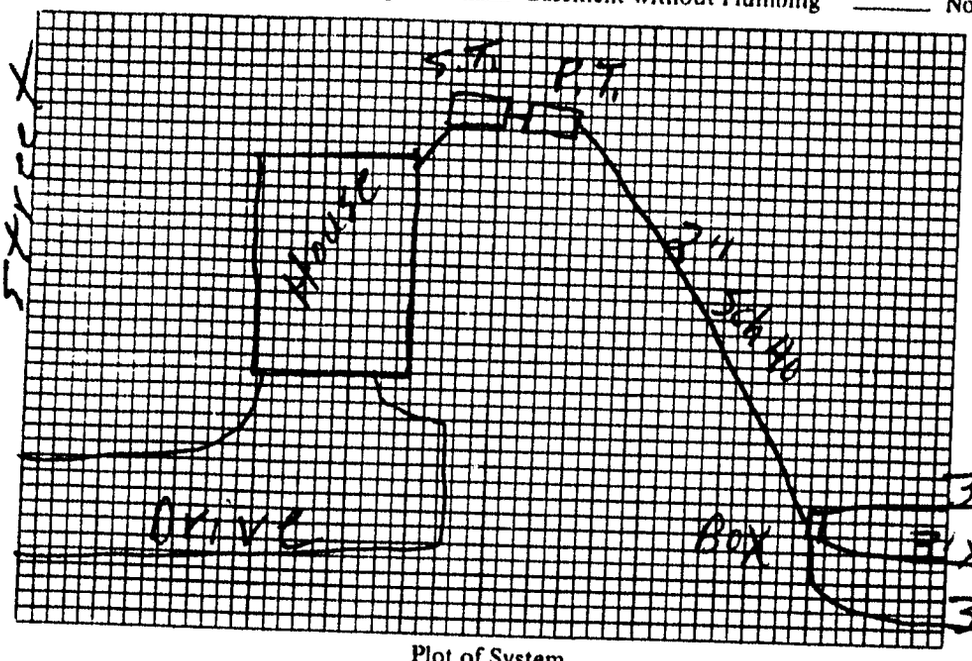
SUBDIVISION NAME Brookmeade LOT NO. 5-A SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	24
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
Lot Area 55,000 SQ'			Rock or other impervious formations	None

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field: 1000 gal. T.
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Paul Frye

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

3' X 100'
3' X 100'
3' X 100'

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 9-17-86

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