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 Kendall Lowery DATE 4-24-74 PERMIT NO. _____

PHONE: Business _____ Home ✓

LOCATION E. Broad St. Rt. into Brookmeade - Left on Wickersham Dr. S. R. No. _____

SUBDIVISION NAME Brookmeade #2 LOT NO. _____ SECTION OR BLOCK NO. _____

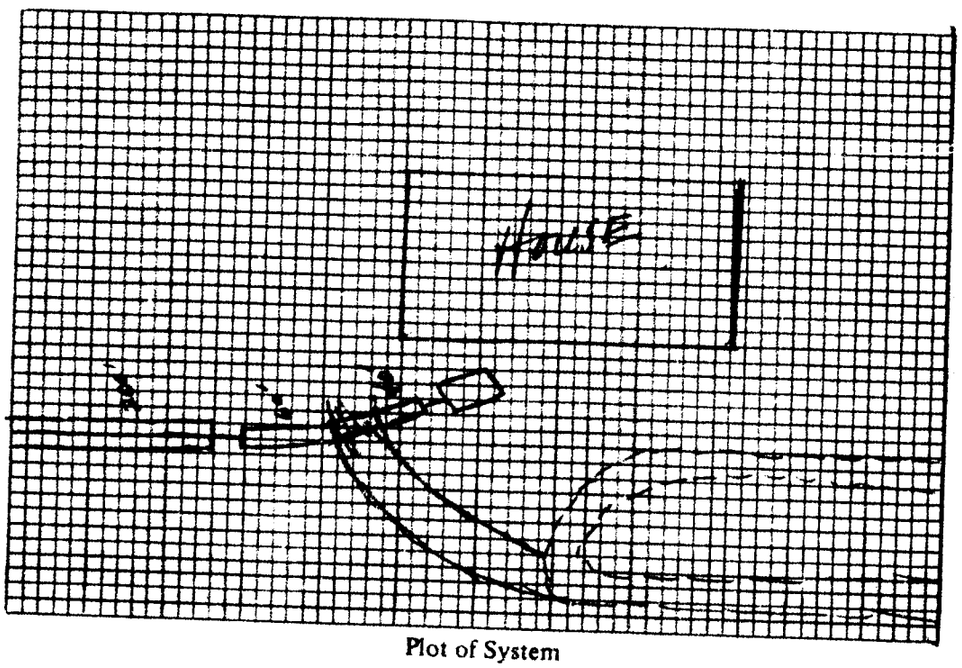
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2 & 3-
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )

Installed by Raymond Kluttz

IMPROVEMENTS PERMIT BY _____

COMMENTS: This system not installed in good location - Owner requested nitrification field to run this way and not disturb trees and yard - Contractor not responsible

CERTIFICATE OF COMPLETION BY Ellen Fox Jr. DATE 4/24/74

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