11907

IREDELL COUNTY HEALTH DEPARTMENT

37950

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

OWNER OR CONTRACTOR Robert Bourbeau DATE 10-30-90 PERMIT NO 55-22-A-7

PHONE: Business _____ Home _____

LOCATION East Broad st TR Brookmeade TL Cambridge at end S. R. No. _____

SUBDIVISION NAME Brookmeade LOT NO. 7 SECTION OR BLOCK NO. IV

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

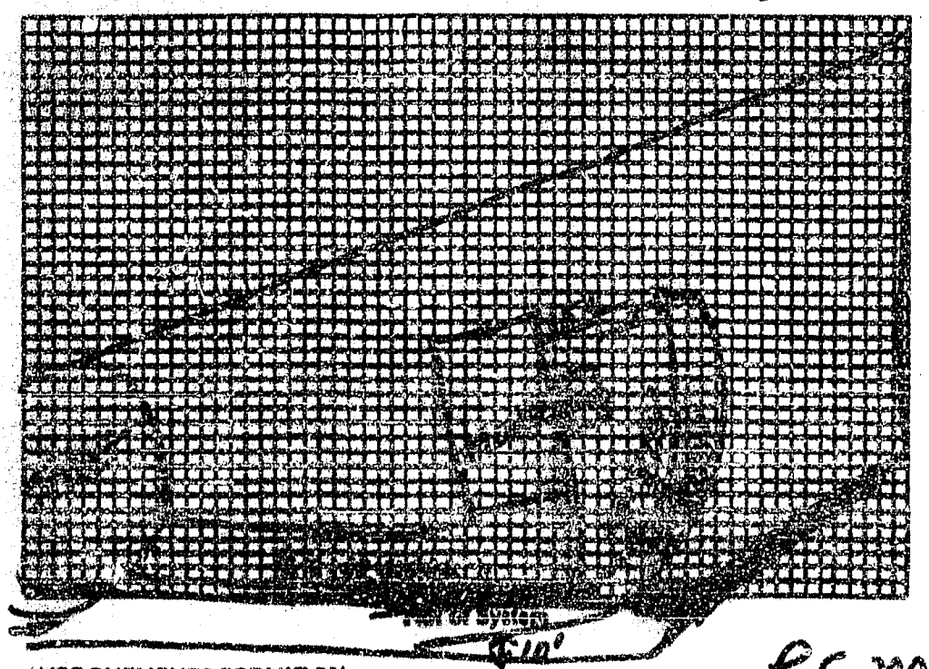
No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil Clayey
Percolation Rate 4
Topography Sloping
Depth to Water Table 10'+
Rock or other impervious formations None

Lot Area 44,194 SQ'

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Lineal Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Lakey Backhoe Service

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

Signed: _____

IMPROVEMENTS PERMIT BY F. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY F. C. Moore DATE 10-30-90

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