Susan M Brooks

IREDELL COUNTY HEALTH DEPARTMENT 39926

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

12767
OWNER OR CONTRACTOR JERRY & SUSAN BROOKS DATE 6/24/91 PERMIT NO. SJ-1-B 20417

PHONE: Business _____ Home _____

LOCATION US 70E, TR 1ST PRIVATE DRIVE PAST TRIPLETT RD, ON (L) ~ 500 FEET S. R. No. _____

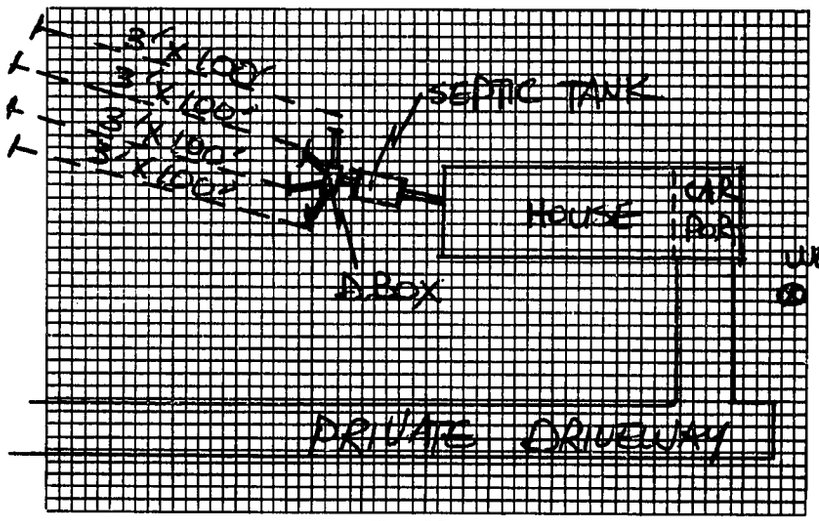
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 1 Ac+

Character & Porosity of Soil PS
Percolation Rate .3 GPM/FT2
Topography 2-6% LS
Depth to Water Table >4'
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

RST
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by BILL CUTHBERTSON

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. MOORE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/24/91

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