IREDELL COUNTY HEALTH DEPARTMENT

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

11733

OWNER OR CONTRACTOR ATLEY K. BROWN DATE 8/22/90 PERMIT NO. 11K-A-27A

PHONE: Business _____ Home _____

LOCATION I-77 N, TR 901, TR EAGLE MILL, TR YORK SPANN, CROSS CREEK 1ST DRIVE ON (L)

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. 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 ( )

Character & Porosity of Soil CLAYEY
Percolation Rate 4
Topography 6-12%
Depth to Water Table 10+
Rock or other impervious formations NONE

Lot Area 10.41 AC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓) NEIGHBORS WELL
Public ( )

Plot of System

Installed by SAMMY REAVIS

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

Signed: _____

IMPROVEMENTS PERMIT BY J.C. MOORE

COMMENTS: DIVERT DRIVEWAY RUNOFF FROM SEPTIC SYSTEM

CERTIFICATE OF COMPLETION BY STATE HEALTH / ALLEN TAYLOR, JR DATE 8/27/90

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