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IREDELL COUNTY HEALTH DEPARTMENT

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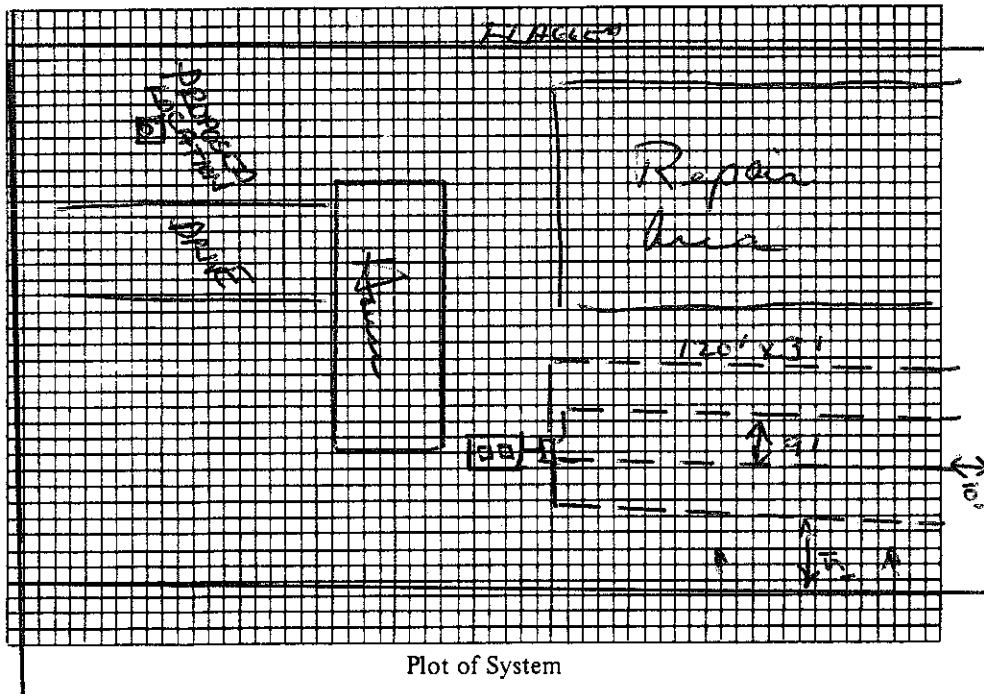
(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System — G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Maria Houghton DATE 4/5/91 PERMIT NO. 2L-7-D-44
 PHONE: Business _____ Home 663-5842
 LOCATION Spring Brees, just Dig Daddy TL into Spring Brees, Leas (L)
400' on (R) S. R. No. 150 W
 SUBDIVISION NAME Spring Brees LOT NO. 44 SECTION OR BLOCK NO. TL

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

No. Bedrooms 4 No. Bathrooms 3 Character & Porosity of Soil Clay - Sticky
 Garbage Disposal Unit Yes (☒) No () Percolation Rate 135
 Auto. Dishwasher Yes (☒) No () Topography 2.0%
 Auto. Wash. Machine Yes (☒) No () Depth to Water Table > 48"
 Site Suitable Yes (☒) No () Rock or other impervious formations none observed
 Lot Area 110 X 200

Basement with Plumbing _____ Basement without Plumbing _____ ☒ No Basement



Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4 @ 120'

Sq. Ft. 1440 Linear Ft. 480

Depth of Stone in Lines 12"

Water Supply: Individual ()

Public ()

none at this time

Installed by Roy Beem

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Speaks R.S. DATE 4/5/91

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