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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR George Moser DATE Nov. 20, '92 PERMIT NO. 2ELA164

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TL Barber Loop 1st house on left

S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 1682 SECTION OR BLOCK NO. 7

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1 AC

Soil Characteristics ps clay

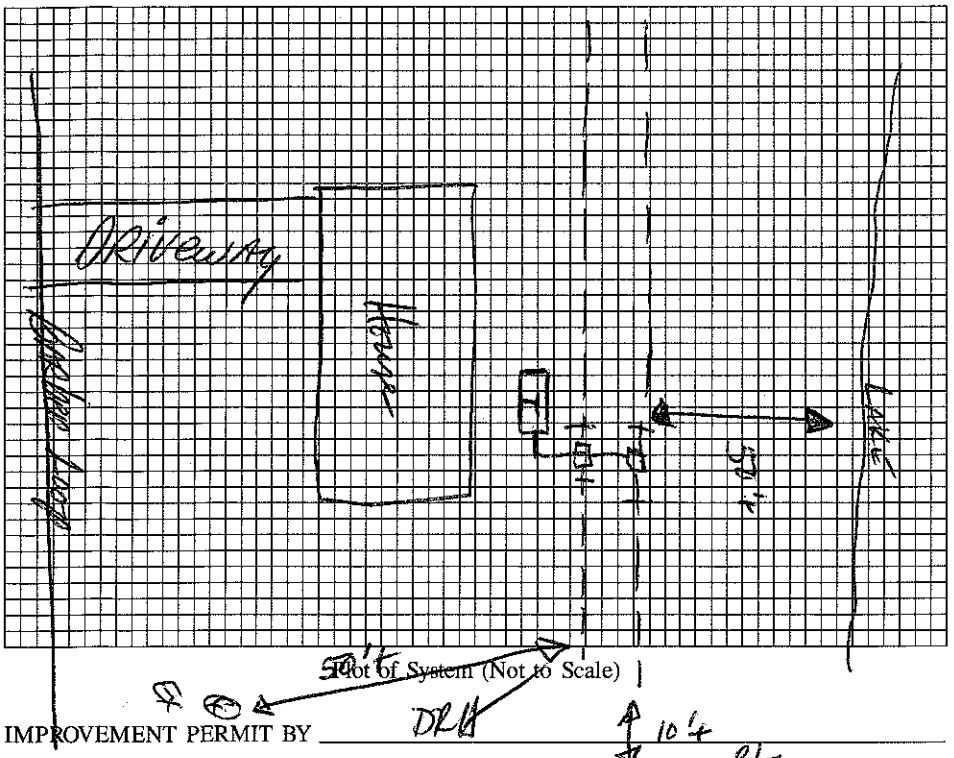
Application Rate .4

Topography ~4-6%

Depth to Water Table 7.3'

Rock or other impervious formations None obs

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"+

Water Supply: Individual ☑ Public ☐

Installed by OWNER

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DRH

COMMENTS PL

CERTIFICATE OF COMPLETION BY DR Johnson, RS DATE 11/20/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold