08203

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Parker Moore DATE Nov-8, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Buckingham) on Rt just past entrance into Holiday Harbor

SUBDIVISION NAME Holiday Harbor LOT NO. 81 SECTION OR BLOCK NO. _____ S. R. No. _____

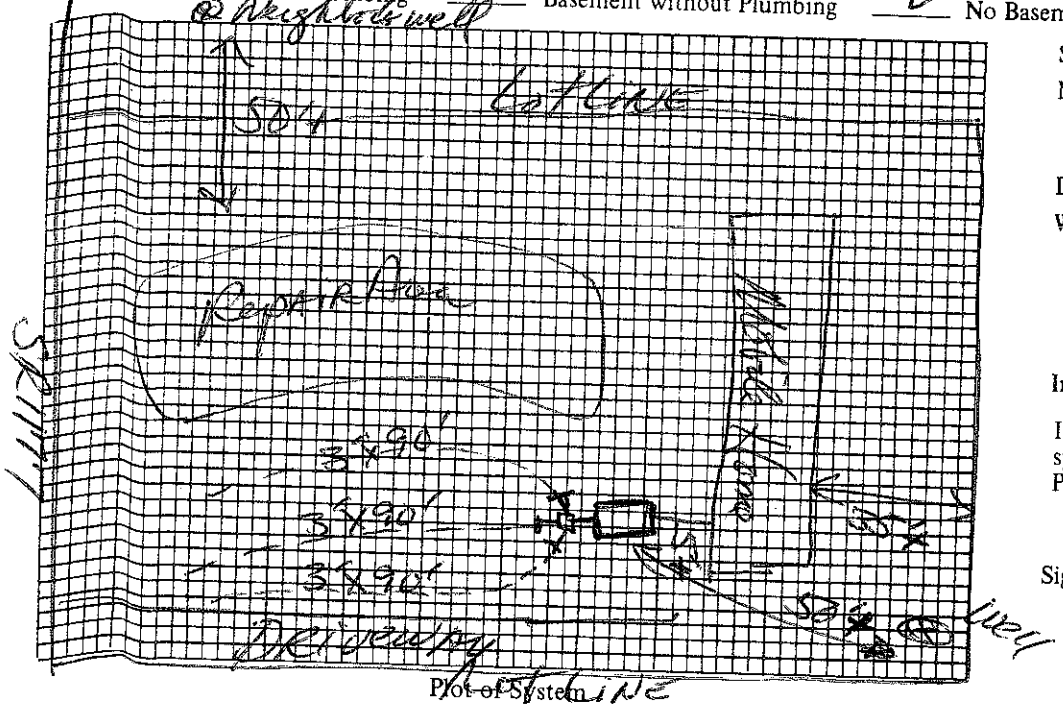
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )
Lot Area 100x200 (Existing)

Character & Porosity of Soil Clay
Percolation Rate 2-3
Topography 2-4%
Depth to Water Table 4+
Rock or other impervious formations none obs.

Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓



Plot of System NE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 810 Linear Ft. 270
Depth of Stone in Lines 12"+
Water Supply: Individual (✓)
Public ( )

Installed by Wm. Culbertson

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

Signed: _____

IMPROVEMENTS PERMIT BY Revised ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D. R. Hinson, RS DATE 11-8-88

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