4626 42 0165

IREDELL COUNTY HEALTH DEPARTMENT

10079

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Edward Moshier DATE 7-24-89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 70 TR 1177 Chuckwood TR Riviera 500ft on Left

S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 107 X 185

Character & Porosity of Soil Clay

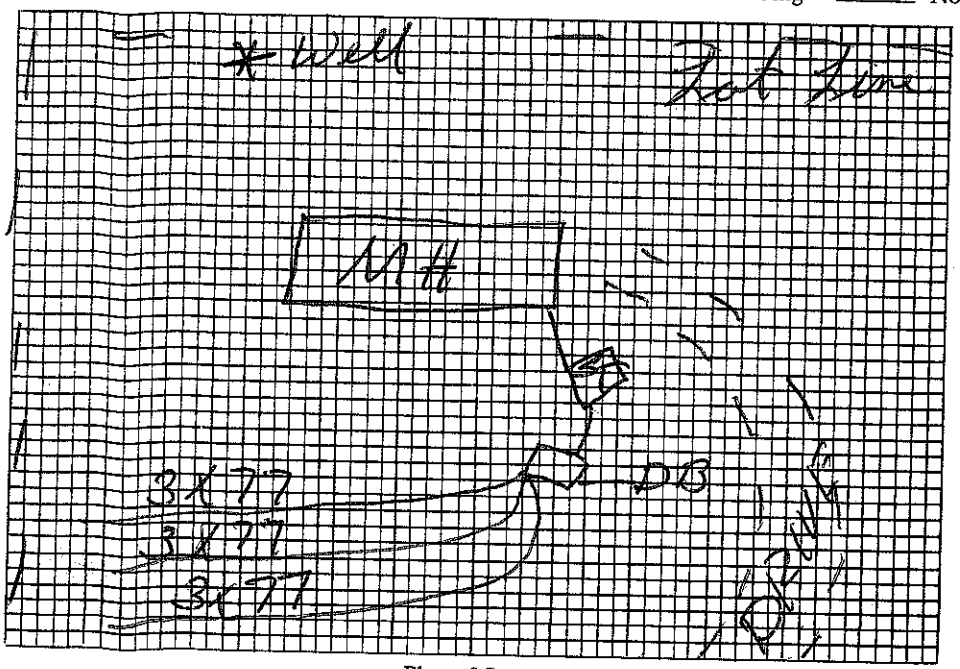
Percolation Rate .3 - .4 Mg

Topography 2 - Gg

Depth to Water Table 4ft +

Rock or other impervious formations None Obs.

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1050 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 690 Linear Ft. 230

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by Wayne Petta

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

Signed: Edward C. Moshier

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. Richard Rivera DATE _____

EXISTING SYSTEM CHECKED BY: R. Richard Rivera DATE 7-24-89

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