Final 3:30

IREDELL COUNTY HEALTH DEPARTMENT

1:30 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Parks D. Moss DATE 6-18-84 PERMIT NO. 161

PHONE: Business _____ Home _____

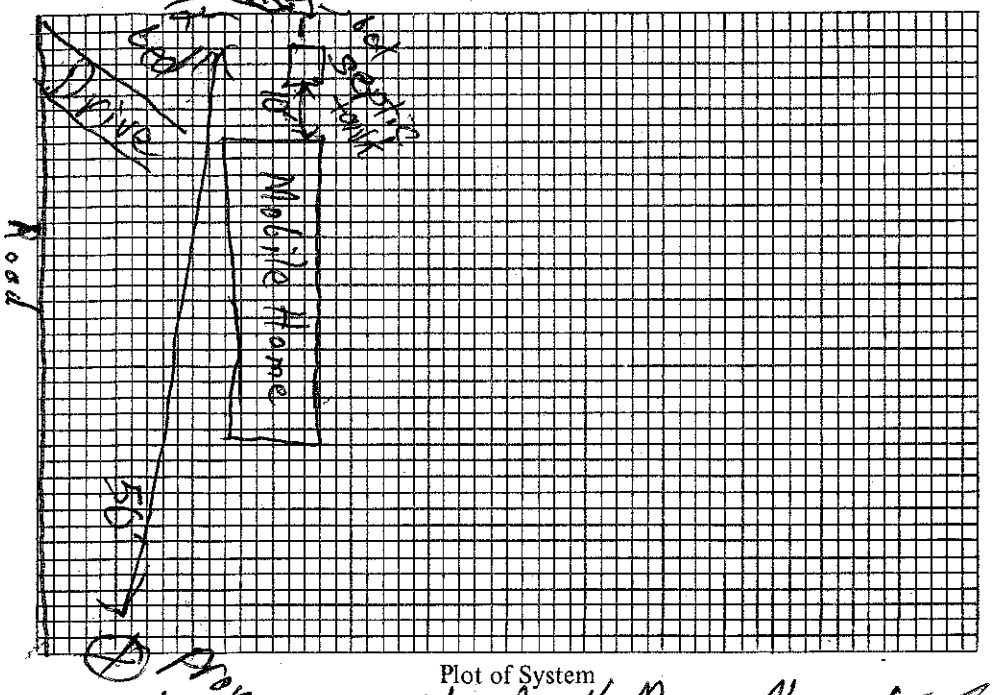
LOCATION I-77S TR 1109 TL 1100 TR 1115 TR 1433
1 mile on Rt _____ S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 1518 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 20080 Ft

Character & Porosity of Soil clay loam
Percolation Rate 0.3 gal/ft²/day
Topography 2-10% 0-4%
Depth to Water Table 4' +
Rock or other impervious formations None observed



Size of Tank 1000 Gals.
Nitrification Field: ~~4 5 6 7~~ 5
No. of Lines
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: * Parks D Moss

IMPROVEMENTS PERMIT BY Charles K. Barnett + Fred Clemmer

COMMENTS: 75 x 75 beg, follow contours, keep System Shallow About 1' to cover MAX. on Low Lake side

CERTIFICATE OF COMPLETION BY _____ DATE _____

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