818-3500 IRON
664-5281 Moore

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 Walton J. Moore DATE 6-27-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 T1 on Boston Path on corner of 1144 1144C S. R. No. _____

SUBDIVISION NAME L. N. LOT NO. 1533 SECTION OR BLOCK NO. 4

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area .92 acres

Character & Porosity of Soil Clay Gal / Explain

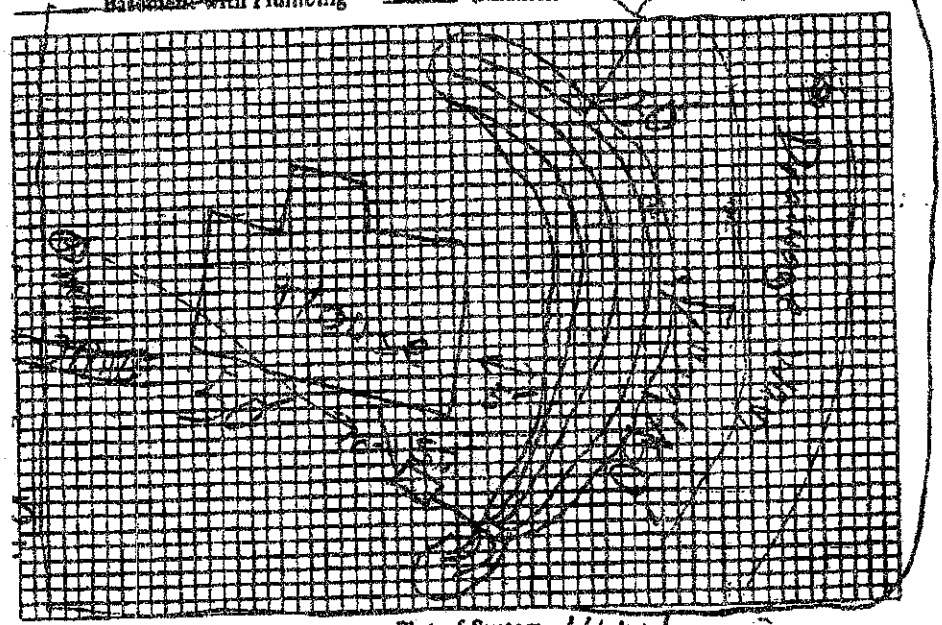
Percolation Rate 2 tr 60 p

Topography 6 to 8%

Depth to Water Table _____

Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System 1444

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1350 Linear Ft. 450

Depth of Stone in Lines 11"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Martha K. Bryant DATE 6-17

DATE _____

EXISTING SYSTEM CHECKED BY: _____

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

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