IREDELL COUNTY HEALTH DEPARTMENT 4635372378

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

OWNER OR CONTRACTOR M. R. Mosley DATE 2-8-85 PERMIT NO. 22

PHONE: Business _____ Home _____

LOCATION 1100 FL 1113 TR 3rd Entrance (Haborview Place) 2ND lot on R S. R. No. _____

SUBDIVISION NAME Surfside Estates LOT NO. 36 SECTION OR BLOCK NO. _____

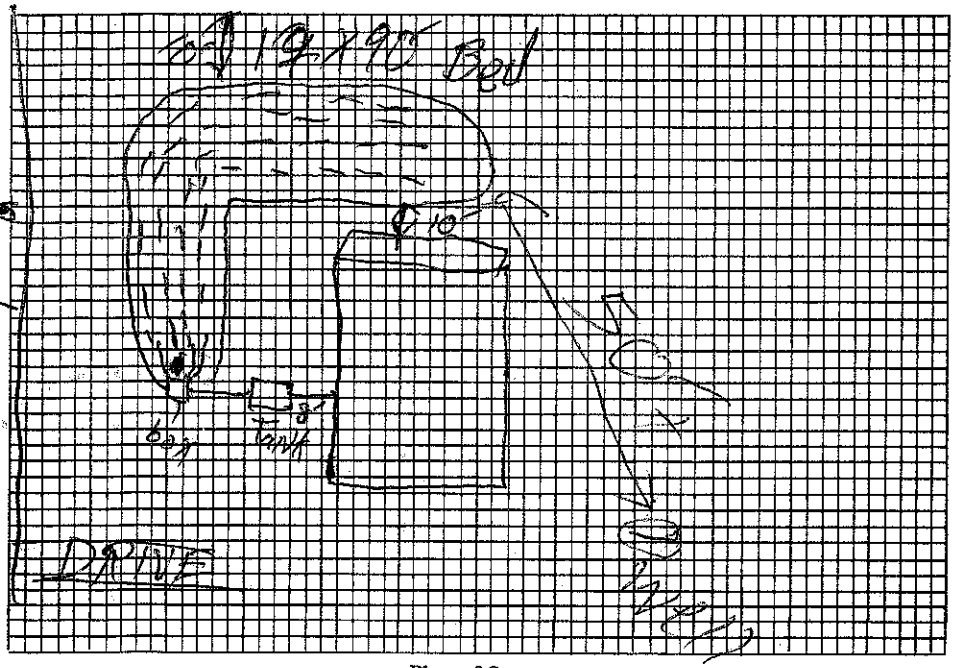
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	2-4 to 1 day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-4%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
			Rock or other impervious formations	None Observed

Lot Area 20,000 Sq Ft

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12

Water Supply: Individual (X)
Public ( )

Installed by F.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 2-8-85

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