PIN# 4635-58-2872

13314

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Donald R Moseley DATE 4/30/92 PERMIT NO. 26-11-A-7

PHONE: Business _____ Home _____

LOCATION Shoreline Loop / Brawley Sch. Rd T Lon Stotts TR on 1st Shoreline ~1000 ft. on (R) S.R. No. _____

SUBDIVISION NAME Bayview Estates LOT NO. 7 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 118' X 169'

Soil Characteristics P - clay - transition

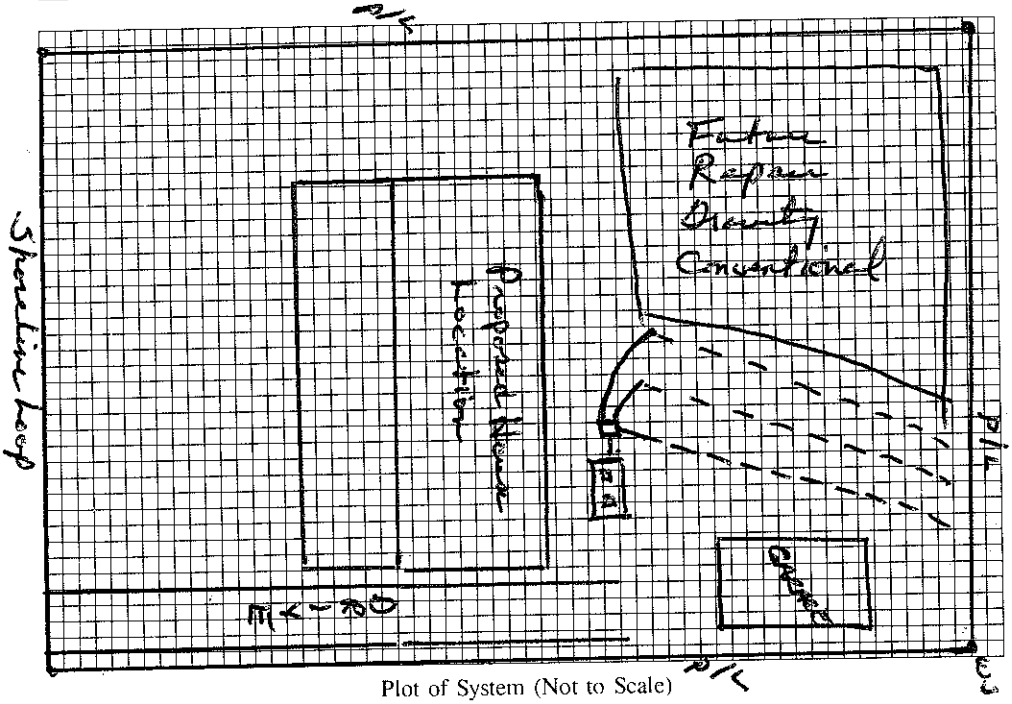
Application Rate P ~ .35

Topography 2%

Depth to Water Table P - > 48"

Rock or other impervious formations 5 - none observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3 @ 75' x 3'

Sq. Ft. 690 Linear Ft. 230

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ☐

Installed by R. MacLeod

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 4/30/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold