10410

IREDELL COUNTY HEALTH DEPARTMENT 4645-56-9251

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

OWNER OR CONTRACTOR Moody Construction DATE Jan. 11, '90 PERMIT NO 2H12-A-3

PHONE: Business _____ Home _____

LOCATION 215. X I77 TL 1206 (Alcove) TR Perrien Drive on left S. R. No. _____

SUBDIVISION NAME Water's Edge LOT NO. 3 SECTION OR BLOCK NO. _____

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~~ PS Yes (✓) No ( )

Character & Porosity of Soil Lawrence ps clay
Percolation Rate 2.25
Topography ~4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

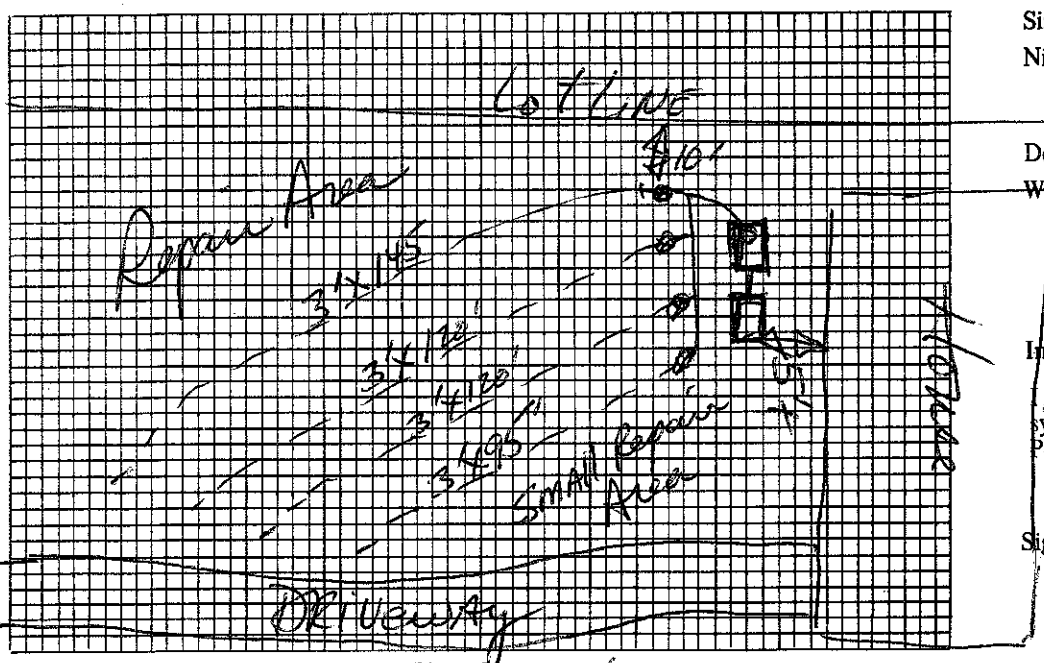
Lot Area 3/4 - 1 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 p.t.
Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1440 Linear Ft. 480
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Bob MacLeod

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well not down.

Operation Permit

CERTIFICATE OF COMPLETION BY D. R. Hanson, RS. DATE Jan. 11, '90

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