4646-05-9774

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 K. L. Mosca DATE 1-21-86 PERMIT NO. 24

PHONE: Business _____ Home _____

LOCATION 150 W TL 1109 TR 1100 TL 1171 (Canvasback) go ~½ mile TL on Woodduck & go ¼ mile house on left S. R. No. _____

SUBDIVISION NAME Lakeshore LOT NO. 23 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other addition to three bedroom max total

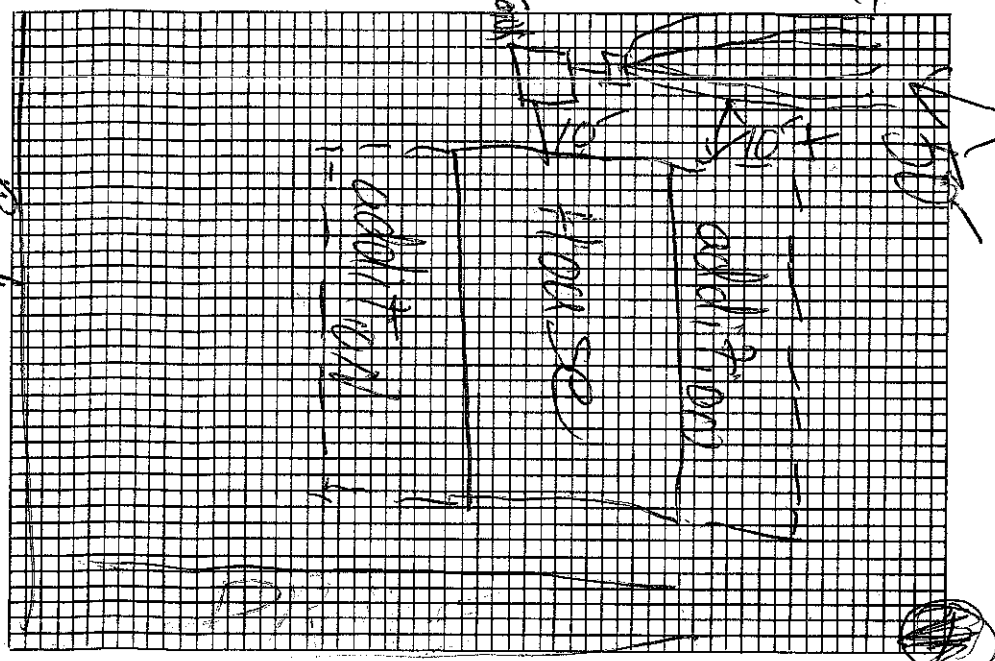
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes (X) No ( )

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines X
Sq. Ft. _____ / Linear Ft. _____
Depth of Stone in Lines _____
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 _____

COMMENTS: existing system working OK at date of inspection OK for three bedroom house max.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 1-21-86

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