13763

IREDELL COUNTY HEALTH DEPARTMENT

4614-35-4778

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mary L. Randall DATE Oct 6 '92 PERMIT NO 2-35 B12

PHONE: Business _____ Home 663-6256

LOCATION Corner of Elysian Dr. & Zephyr Lane

SUBDIVISION NAME Moorland Estates LOT NO. 12 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1.497 Ac

Soil Characteristics ls clay

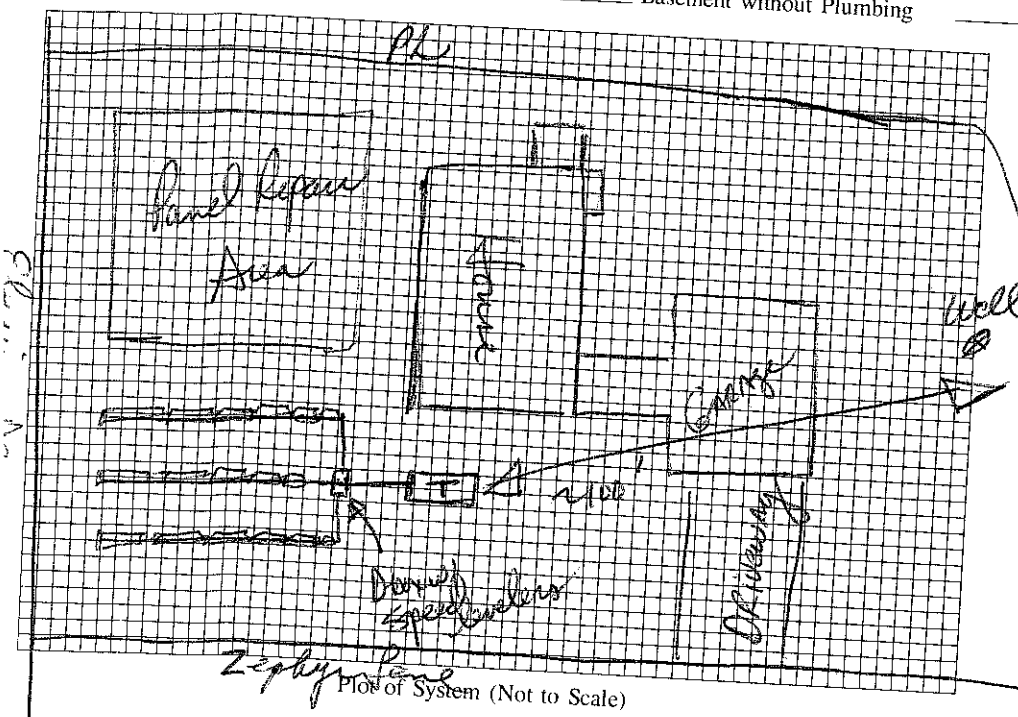
Application Rate .3 gal/ft²/day

Topography 2-4%

Depth to Water Table 7'4"

Rock or other impervious formations None obs

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 140' of

Depth of Stone in Lines 16" min

Water Supply: Individual ☑ Public ☐

Installed by Rowan Septic TK

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 AWS

COMMENTS Direction of nitrification lines changed to follow contour.

CERTIFICATE OF COMPLETION BY D.C. Johnson, RS

EXISTING SYSTEM CHECKED BY _____ DATE 10/6/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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