Statesville Office

4646360343 ✓

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 Nelson McCrae DATE 12-21-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1109 Turn on 1190 at corner of 1209

S. R. No. _____

SUBDIVISION NAME ✓ Moorland Estates LOT NO. 45 SECTION OR BLOCK NO. _____

Site Address: 305 Sundown Rd - Mrsvl.

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 Yes (✓) No ( )

Lot Area 1 acre

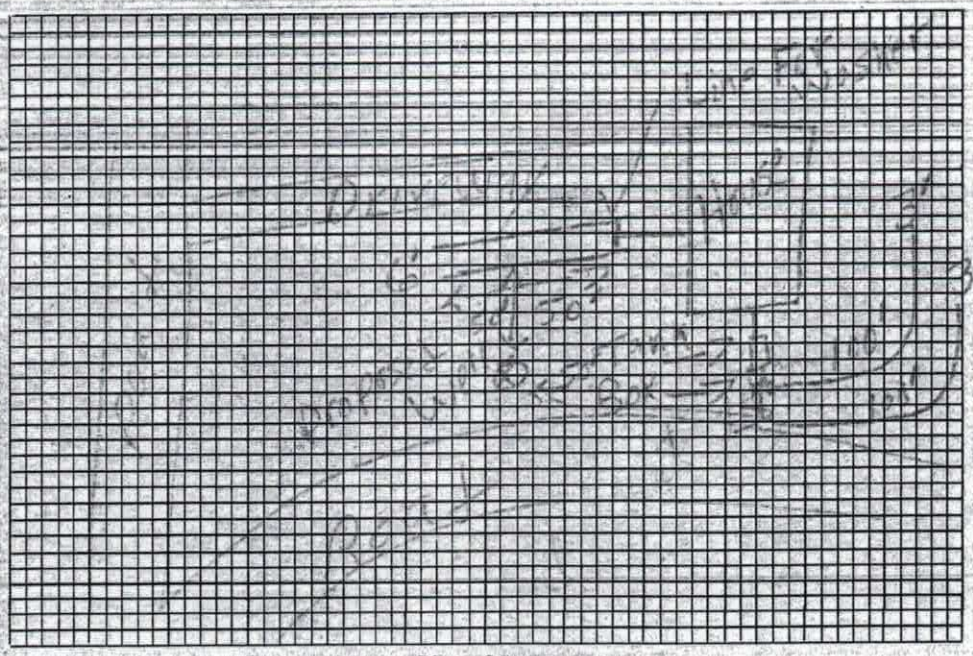
Character & Porosity of Soil Sandy clay loam (Porosity Good)

Percolation Rate 45 min/inch

Topography 10% slope

Depth to Water Table 10'

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 16"

Water Supply: Individual (✓)

Public ( )

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 12-21-77

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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