IREDELL COUNTY HEALTH DEPARTMENT 4646362349

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

OWNER OR CONTRACTOR Roy Cook DATE 8-16-83 PERMIT NO. 276

PHONE: Business _____ Home _____

LOCATION 150W TL 1109 TR 1191 TL 1209
150' ON R

SUBDIVISION NAME Moorelawd Estates LOT NO. 6 S. R. No. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other _____

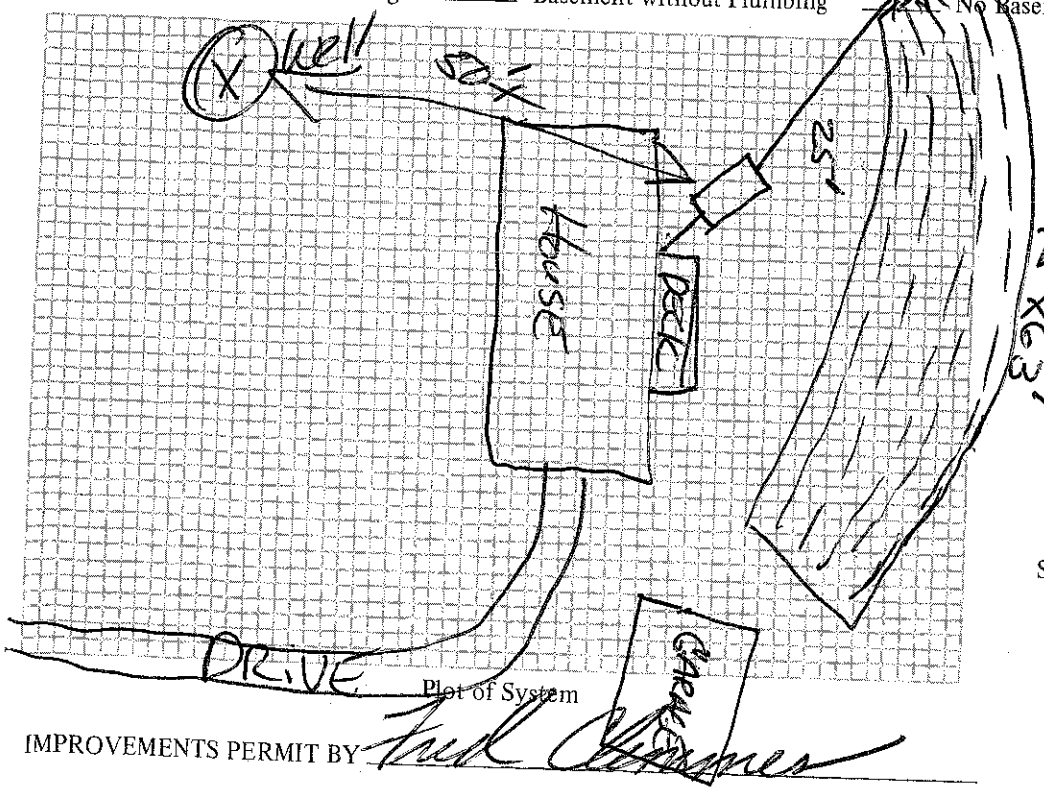
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000Ft2

Character & Porosity of Soil Clay Loam
Percolation Rate 0.5 gal/ft2/day
Topography 10-15%
Depth to Water Table 4 ft
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 90 Linear Ft. 315
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Blake Hyde

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-16-83

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