4646366674

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 Alice Ervin DATE 6-12-85 PERMIT NO. 263

PHONE: Business _____ Home _____

LOCATION 150 W TL 1109 TR 1190 TL 1290 TL 2 epher lane 1st on left

SUBDIVISION NAME Moorland Estates LOT NO. 25 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 Ft2

Character & Porosity of Soil clay loam

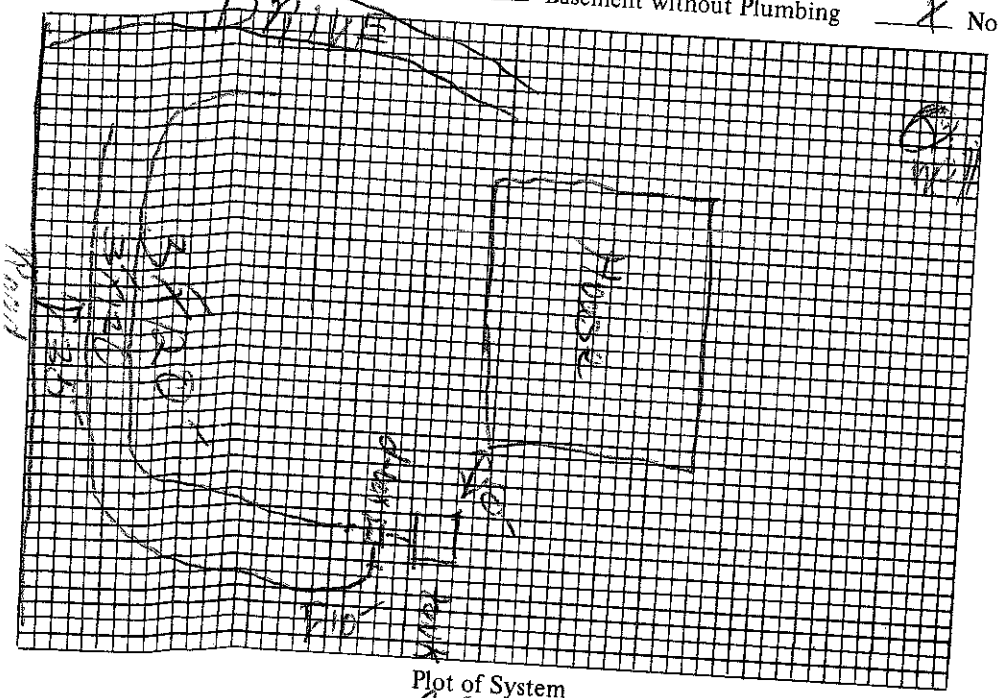
Percolation Rate 25 gal/ft2/day

Topography 2-8%

Depth to Water Table 4'

Rock or other impervious formations None obs

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 220 Linear Ft. 240

Depth of Stone in Lines _____

Water Supply: Individual (X)

Public ( )

Installed by Ross Builders

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 Charles K. Barrett

EXISTING SYSTEM CHECKED BY: _____ DATE 6-12-85

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 false information is supplied in making Improvements Permit.

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