4646368148

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 Ronnie Little DATE 12-3-79 PERMIT NO. 421

PHONE: Business _____ Home _____

LOCATION 150W TL on 1109 TR on 1190 TL on 1209 TL on 1210 TR Stop sign 3rd lot on Rt. S. R. No. _____

SUBDIVISION NAME Moreland Estates LOT NO. 57 & 58 SECTION OR BLOCK NO. _____

Rt 7 Box 782 Mooresville NC 28115

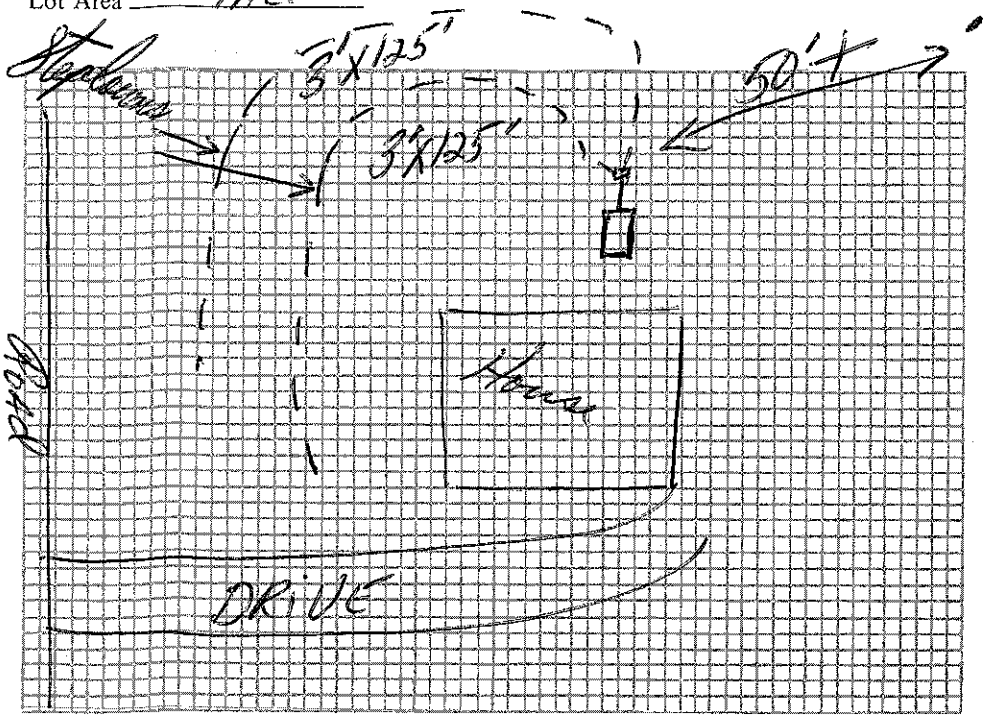
House (✓) Mobile Home ( ) Business ( ) Other _____

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 Ac.

Character & Porosity of Soil clay loam
Percolation Rate 8 Min/in
Topography level
Depth to Water Table sink.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by J. R. Bowles

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Harold R. Hinson DATE 12-3-79

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

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 Ron Little DATE 9-8-86 PERMIT NO. 488

PHONE: Business _____ Home _____

LOCATION 1109 TR 1190 TR 1290 TR Elysian Dr. 1/4 1/2 mi on Rt. S. R. No. _____

SUBDIVISION NAME Moorland Estates LOT NO. 57+58 SECTION OR BLOCK NO. _____

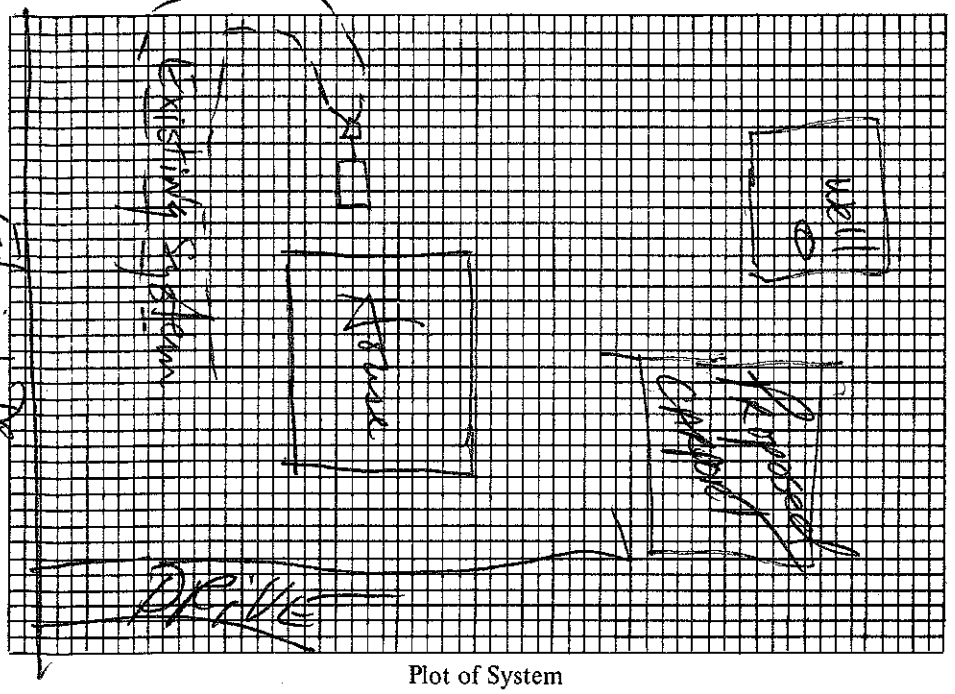
House (✓) Mobile Home ( ) Business ( ) Other Building Carport

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area 20000 ft²+

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
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 OK at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: J. H. Henson RS DATE 9-8-86

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