4646-36-8385

# IREDELL COUNTY HEALTH DEPARTMENT

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

WNER OR CONTRACTOR James A. Haney DATE 4/28/89 PERMIT NO.

HONE: Business Home 663-6707 - unpublished

OCATION 150 W. TL 1109 TR Sundown (1190) TL Brookway TR Elysian On R. past Zephyr. S. R. No.

SUBDIVISION NAME Moreland Estates LOT NO. 56 SECTION OR BLOCK NO.

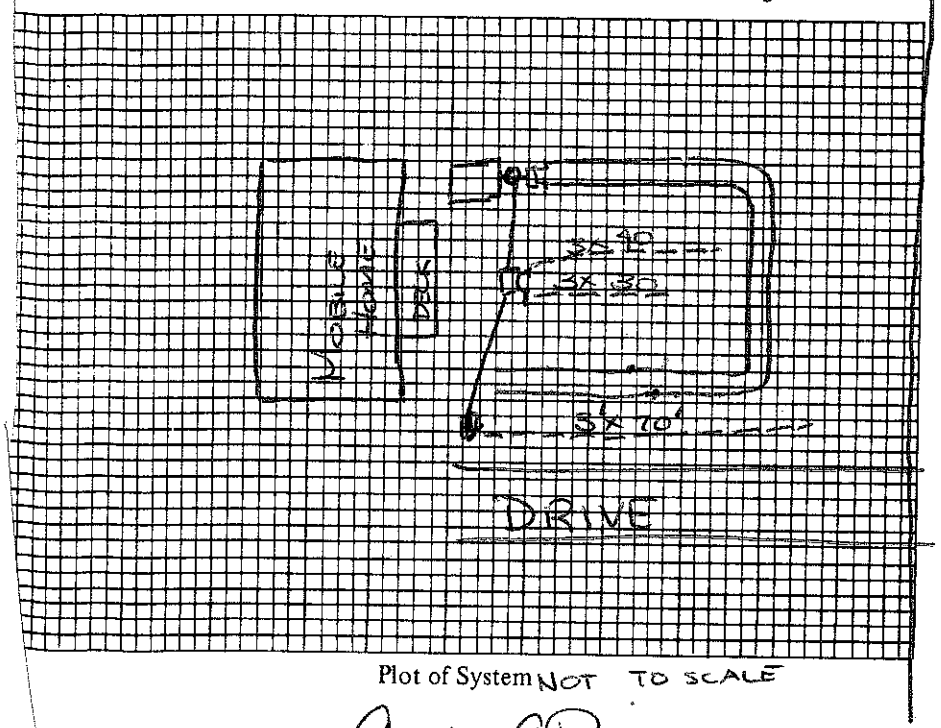
House (●) Mobile Home (✓) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes (✓) | No ( ) | Character & Porosity of Soil Clay loam |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate .4 gpd/ft² |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography 20% |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table 4'+ |
| | | | Rock or other impervious formations none obs. |

Area

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement




Plot of System NOT TO SCALE

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 420 Linear Ft. 140
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:

ROVEMENTS PERMIT BY Andre C. Pierce

MENTS: layout had to be changed due to running into old field.

ICATE OF COMPLETION BY Andre C. Pierce DATE 4/28/89

G SYSTEM CHECKED BY: DATE

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

VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ents Permit.

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

4646368385

II

# 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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____ 6636707

LOCATION _____

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

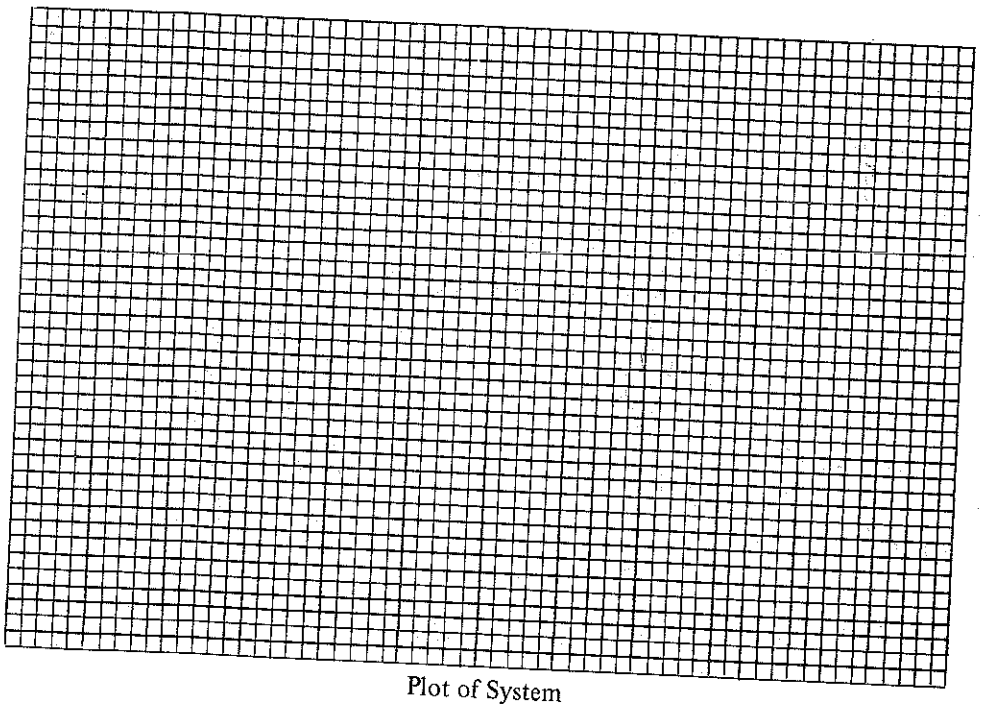
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

Rt 7 Box 783
Mooresville, NC.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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