IREDELL COUNTY HEALTH DEPARTMENT

14866

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4646 37 9615

OWNER OR CONTRACTOR Forb H. Reed Jr. DATE Nov. 12, '92 PERMIT NO. 2J5 B1

PHONE: Business _____ Home _____

LOCATION 1109 TR Sundown Rd. TL Brockway TR Elysian ~500' on right S.R. No. _____

SUBDIVISION NAME Moorland Estates LOT NO. 39 SECTION OR BLOCK NO. _____

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 ☐

Lot Area ~20,000 ft²

Soil Characteristics PSCL

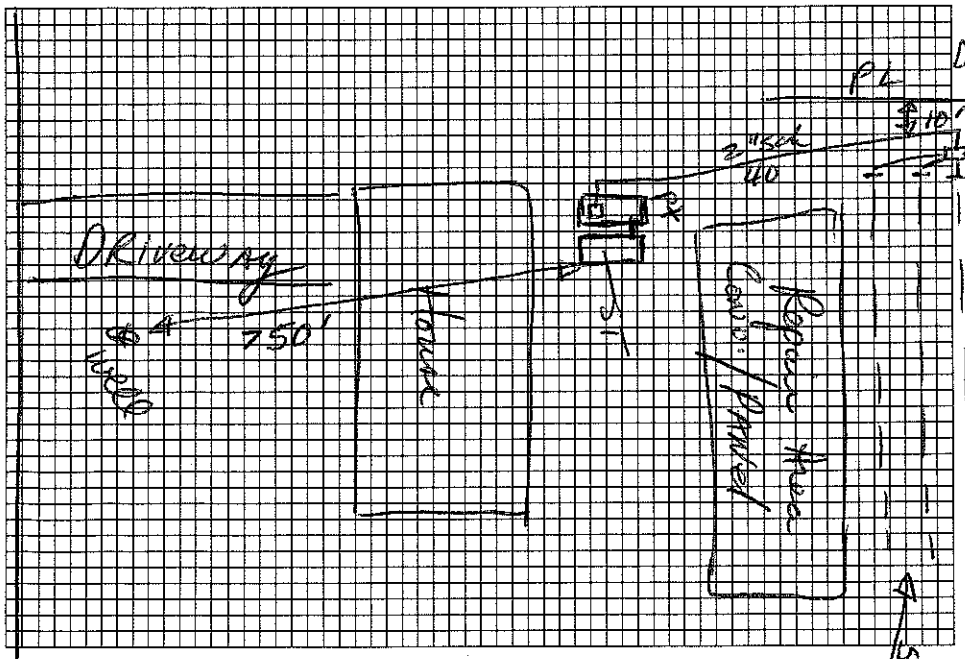
Application Rate .41

Topography ~4%

Depth to Water Table 74'

Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000/1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Richard Abernathy

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY AWS

COMMENTS _____

Operation permit

CERTIFICATE OF COMPLETION BY JR Hinson, RS DATE 11/12/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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