14866

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Fob H Reed Jr. DATE 9/23/92 PERMIT NO. 2J-5-B-1

PHONE: Business _____ Home 663-7751

LOCATION Elgion Rd, Williamson from Brawley TR on Sandown, TL on Buckeye, TR on Elgion, 1st lot on (R) past Moreland Estates sign. S.R. No. _____

SUBDIVISION NAME Moreland 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 P - C/

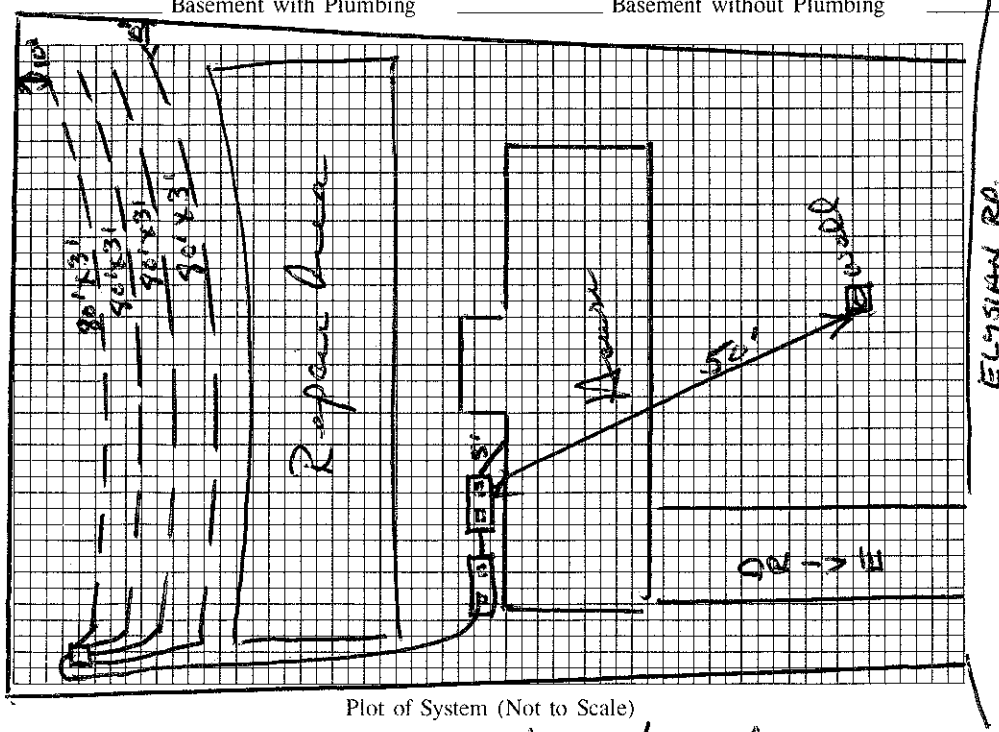
Application Rate P - .4

Topography P - 3%

Depth to Water Table S > 48"

Rock or other impervious formations P - 42-43" TO TRANS.

_____ 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 @ 80' x 3'

Sq. Ft. 900 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: J H Reed

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Permit changed to avoid Maintenance Agreement and use of Panels. Repair Space must be maintained as shown here. This VOIDS permit issued on 7/1/92. Must be 50' from all wells in area.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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