4646461208

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 M.H. Starnes DATE 8-20-85 PERMIT NO. 358

PHONE: Business _____ Home _____

LOCATION 150W to 4109 TR Sundown TL on Brockway TR Elysian ~1.0 mile on R mailbox with little on it (block _____ S. R. No. _____

SUBDIVISION NAME Mooreland Estates LOT NO. 24 SECTION OR BLOCK NO. _____

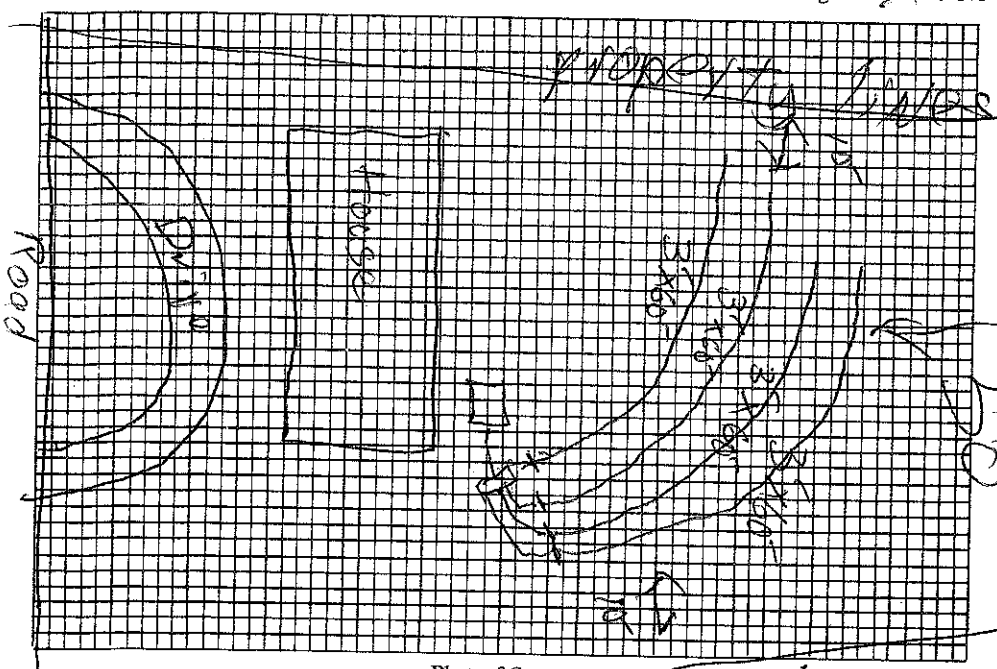
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/sq ft/2 day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-10%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	None obs.

Lot Area 20,000 ± SF

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Bridges

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

Signed: _____

IMPROVEMENTS PERMIT BY Charles K. Bennett

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 8-20-85

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 false information is supplied in making Improvements Permit.

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 M. H. STARNES DATE 9-1-88 PERMIT NO. Quad 21A

PHONE: Business ________ Home 664-3504

LOCATION 1109 TR Sundown TL BROCKWAY TR Elysian Rd. S. R. No. ________

SUBDIVISION NAME Mooreland Estates LOT NO. 24 SECTION OR BLOCK NO. ________

House (X) Mobile Home ( ) Business ( ) Other Repair AddN

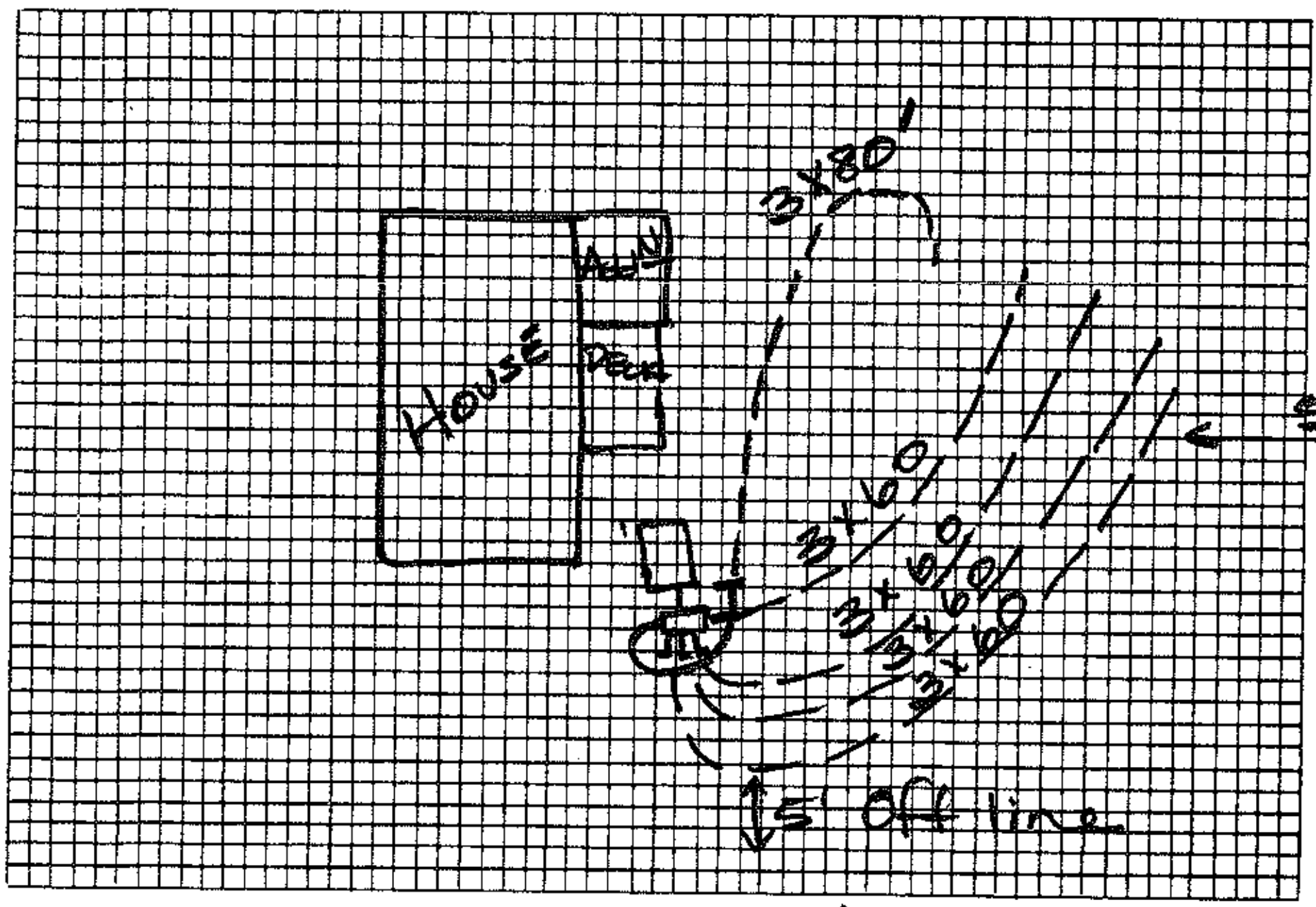
No. Bedrooms 4 No. Bathrooms 2

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

Character & Porosity of Soil: existing Completion
Percolation Rate: 2/27/85
Topography: C. BARNETTE
Depth to Water Table:
Rock or other impervious formations:

Lot Area existing

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement Cellar.



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 240 Linear Ft. 80
Depth of Stone in Lines 12"+
Water Supply: Individual (X)
Public ( )
Total: 320"

Installed by ________

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

Signed: ________

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Completion of 2-27-85 by Chas. BARNETTE.

CERTIFICATE OF COMPLETION BY Andre C. Pin[illegible] DATE 9/1/88

EXISTING SYSTEM CHECKED BY: ________ DATE ________

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

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