IREDELL COUNTY HEALTH DEPARTMENT 4646 46 1339

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

OWNER OR CONTRACTOR Ken Krueger DATE 5-14-82 PERMIT NO. 140

PHONE: Business _____ Home _____

LOCATION 1190 TL 1290 TR 292 on left

SUBDIVISION NAME Moreland Estates LOT NO. 25 SECTION OR BLOCK NO. _____ S. R. No. _____

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

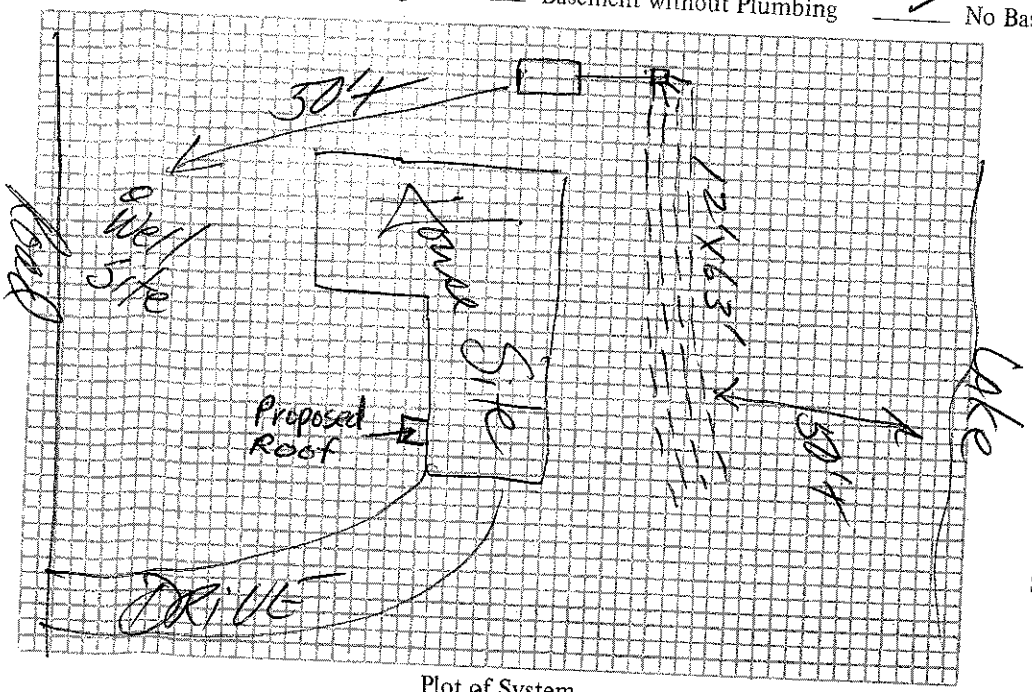
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20000 ft²

Character & Porosity of Soil clay loam
Percolation Rate 30
Topography 2-4%
Depth to Water Table sink.
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 6"
Water Supply: Individual (✓)
Public ( )

Installed by J L Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

The proposed / ~~existing~~ Roof over front entrance addition does not appear to impact the existing septic system.
*NOTE: Septic system is approved for 3 Bedrms
Judy Melville R.S.
Date: 8-13-12
ICHD-Environmental Health Division

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David T. Hunter DATE 5-14-82

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