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 Charles E. Moore, Jr DATE 2-22-84 PERMIT NO. 33

PHONE: Business ________ Home ________

LOCATION 150W TR1304 TR 1470 1/3 mile on left

SUBDIVISION NAME Lynnbrook Acres LOT NO. 10 SECTION OR BLOCK NO. ____ S. R. No. ____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000 Ft²

Character & Porosity of Soil clay loam

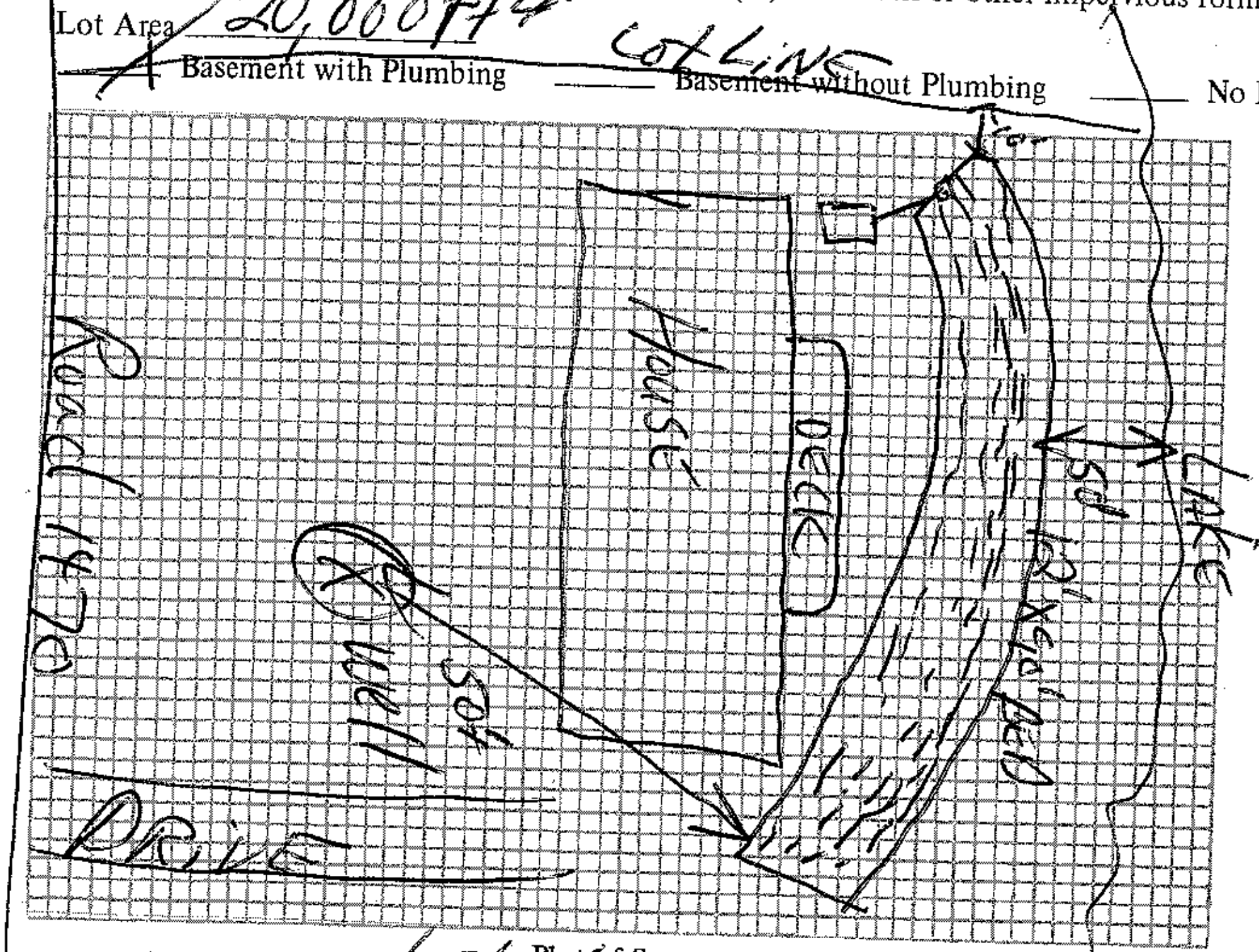
Percolation Rate 0.5 gal/ft²/day

Topography 2-10%

Depth to Water Table 4+

Rock or other impervious formations NONE observed

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by ________

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

Signed: ________

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: ________

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 2-22-84

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