IREDELL COUNTY HEALTH DEPARTMENT

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4655460866

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

OWNER & CONTRACTOR James A. Moose DATE 12-8-86 PERMIT NO. 625

PHONE: Business _____ Home _____

LOCATION 1155 TR 1136 (Faith Rd.) TR Jenny Marie Circle
2nd on left

SUBDIVISION NAME Serene Lake LOT NO. 3 SECTION OR BLOCK NO. _____ S. R. No. _____

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

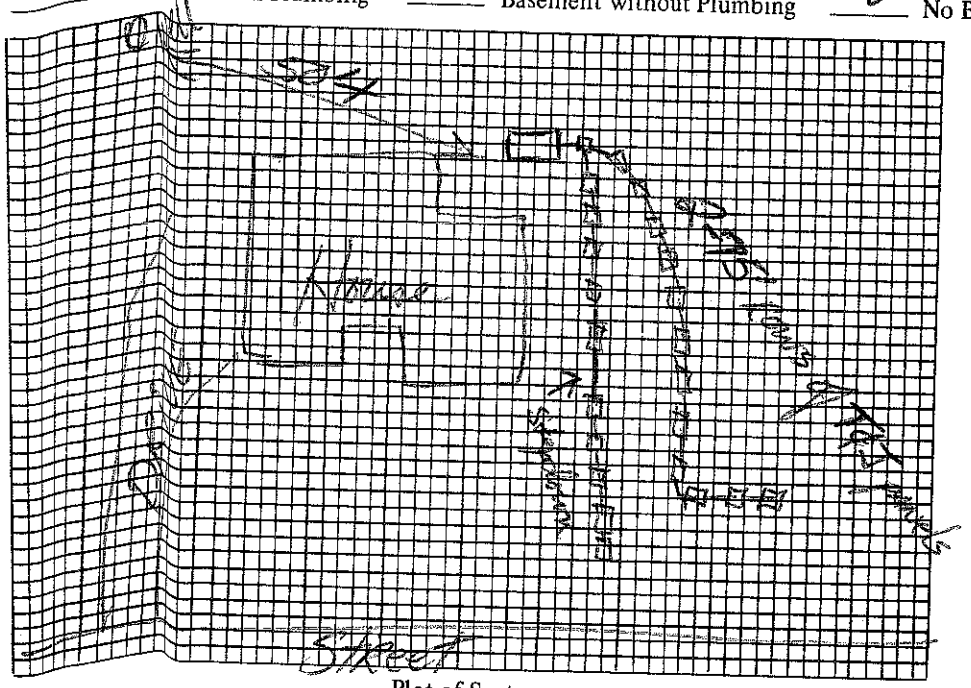
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20000 ft²

Character & Porosity of Soil clay
Percolation Rate 14
Topography 10-15%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. _____ Linear Ft. 150'
Depth of Stone in Lines 24" Trench
Water Supply: Individual (✓)
Public ( )

Installed by J.E. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Thomas, RS DATE 12-8-86

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