0904

IREDELL COUNTY HEALTH DEPARTMENT 4656-58-9346

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

OWNER OR CONTRACTOR Maxwell Hindsaw DATE Oct 4, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Lowrance Ave. Turn on Norman Dr. Bear Rt. on Club Dr. on left S. R. No. _____

SUBDIVISION NAME Wilton Forest LOT NO. 13 SECTION OR BLOCK NO. 1

Mooresville City Limits

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

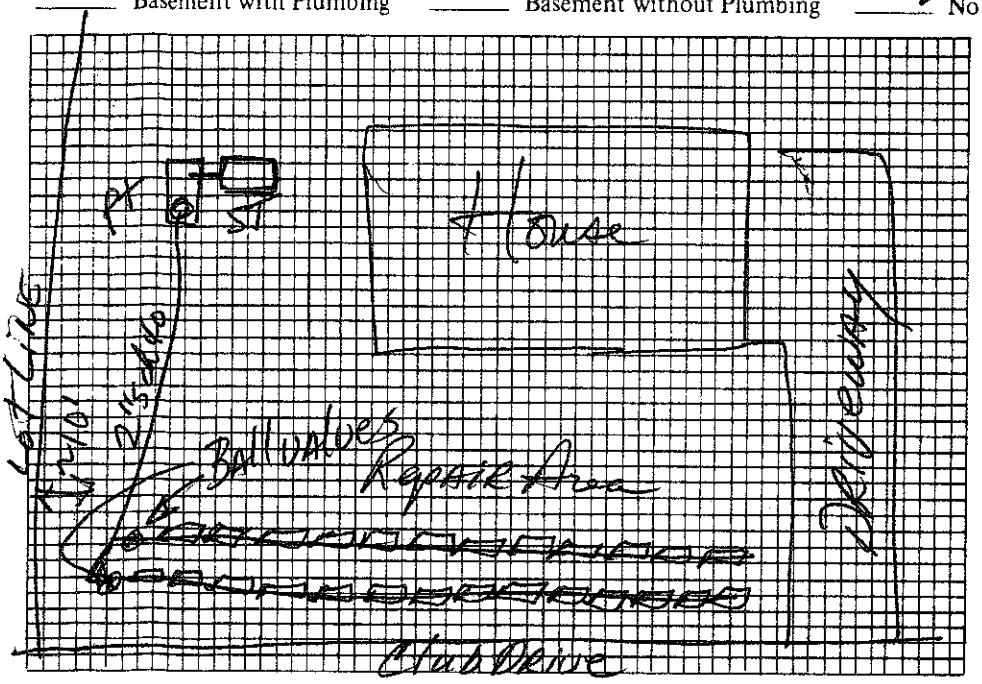
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )
Lot Area ~20000ft²

Character & Porosity of Soil clay
Percolation Rate n.3
Topography 8-10%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 pt.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16" min
Water Supply: Individual ( ) panels
Public (✓) pressure-dosed

Installed by Rowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Alarm checked and working but not mounted.

CERTIFICATE OF COMPLETION BY D. K. Hinson, RS DATE 10-4-88

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