Mooresville
0875

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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 Bradley & Sharon Newton DATE 5/2/88 PERMIT NO. _____

PHONE: Business _____ Home 663-4797

LOCATION S. on Main TL Brawley TR Ridge St. (527 Ridge Street) S. R. No. Ridge

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (/)
Auto. Dishwasher	Yes (/)	No ( )
Auto. Wash. Machine	Yes (/)	No ( )
Site Suitable P.S.	Yes (/)	No ( )

Character & Porosity of Soil existing system

Percolation Rate _____

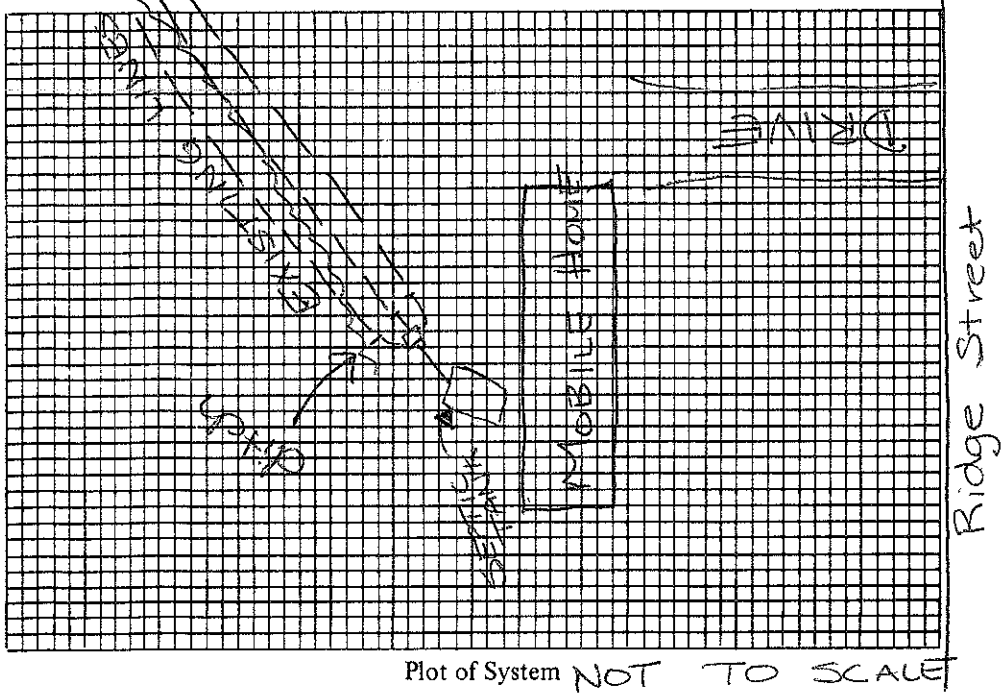
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _X_ No Basement



Plot of System NOT TO SCALE

Size of Tank existing Gals.

Nitrification Field:

No. of Lines existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (X)

Mooresville City Water

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No sign of sewage seen at date of this inspection.

(Sewer is available when system fails in future.)

System is functioning properly at this date.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrea C. Rimm DATE 5/2/88

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