MOORESVILLE
809

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 Coyt N. Benfield DATE 2/5/88 PERMIT NO. _____

PHONE: Business _____ Home 663-2048

LOCATION N. Main @ TR Linwood TR N. Church Ext. TL Hillcrest TL Brantly ON R at ~end. (107 Brantley 20.)

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

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

No. Bedrooms 2 No. Bathrooms 1 1/2

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

Lot Area _____

Character & Porosity of Soil clayey ↑ing SAPROLITE

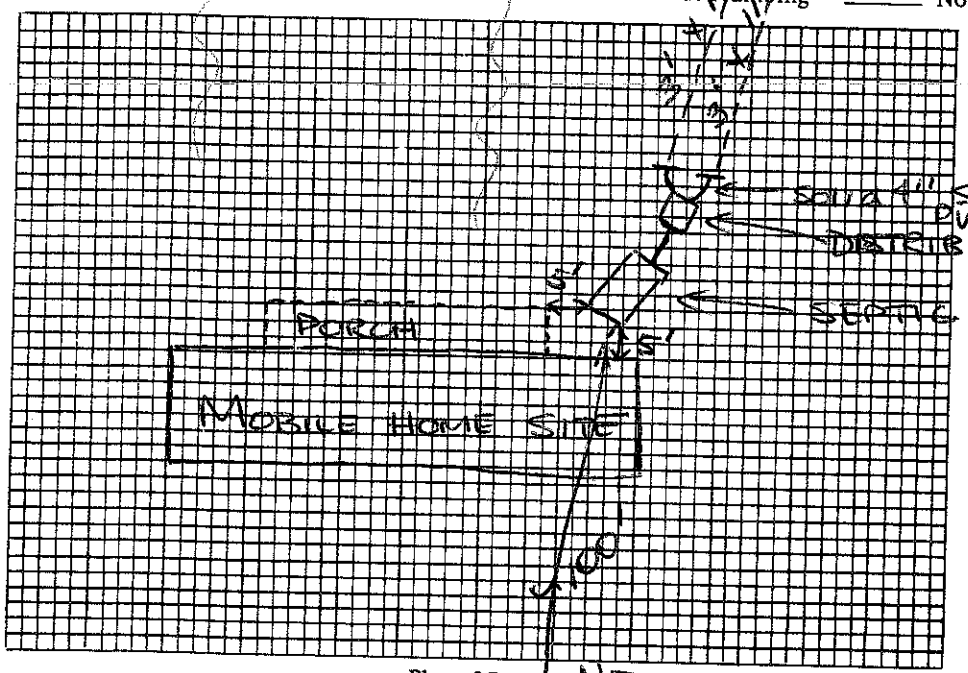
Percolation Rate ~.35 gpd/ft²

Topography 1 4-6%

Depth to Water Table 4'+

Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System N.T.S.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 660 Linear Ft. 220
Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by _____

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

Signed: Coyt N Benfield

IMPROVEMENTS PERMIT BY Andrew J. Queen

COMMENTS: SET TANK 5'+ from POWER M. HOME OR PORCH. KEEP SHALLOW. LINES MUST BE SHALLOW (30" 24" to bottom) and ON CONTOUR (LEVEL.)

CERTIFICATE OF COMPLETION BY _____ DATE _____

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