4667 73 8324

Mooresville
1076

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 Elizabeth Riley DATE 1/4/88 PERMIT NO.

PHONE: Business Home 664-1151

LOCATION N. Mn. TR Linwood TR Church St. Ext TL Hillcrest On L. S. R. No.

SUBDIVISION NAME 324 Hillcrest LOT NO. SECTION OR BLOCK NO. IN6-C-7A Caddle Creek

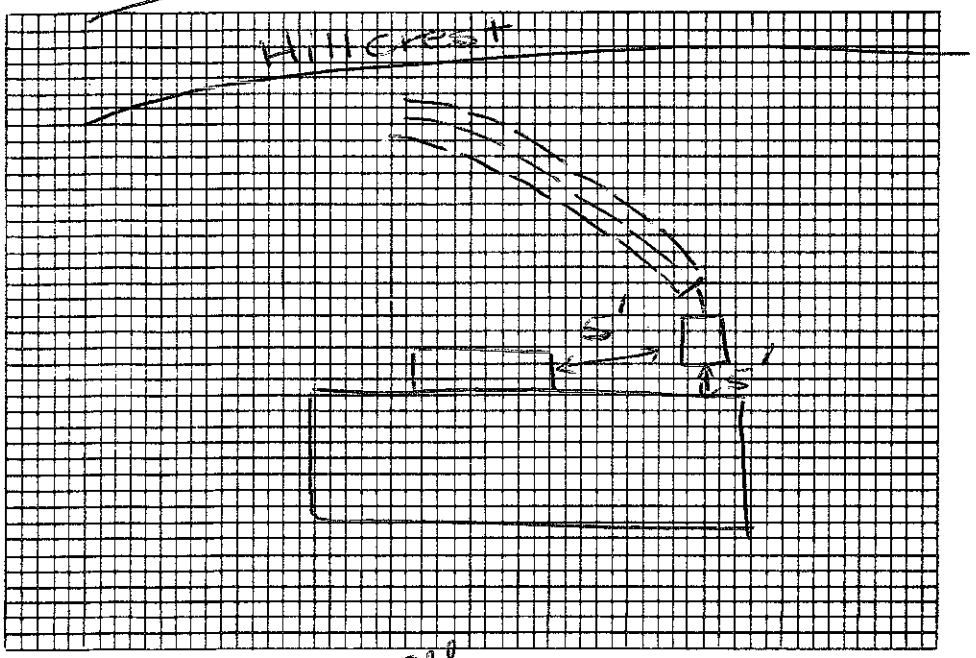
House ( ) Mobile Home (✓) Business ( ) Other

No. Bedrooms ~~3~~ B.C.A. 2 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	(✓)	Character & Porosity of Soil existing
Auto. Dishwasher	Yes	(✓)	No	( )	Percolation Rate
Auto. Wash. Machine	Yes	(✓)	No	( )	Topography
Site Suitable	Yes	(✓)	No	( )	Depth to Water Table
					Rock or other impervious formations

Lot Area

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



owell
Plot of System

Size of Tank existing Gals.

Nitrification Field:

No. of Lines existing

Sq. Ft. Linear Ft.

Depth of Stone in Lines

Water Supply: Individual (✓)
Public ( )

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 time of inspection

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: Andre C Pierce DATE 1/4/88

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