467709 9714

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 Carl Basinger DATE 8-29-85 PERMIT NO. 370

PHONE: Business Broad Home

LOCATION N. [redacted] ST. TR NC 150 W X RR Tracks TR Dirt drive 1st house on left

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

House ( ) Mobile Home ( ) Business (X) Other Real Estate office (5 people maximum)

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes ( ) No (X)

Auto. Wash. Machine Yes ( ) No (X)

Site Suitable Yes ( ) No ( )

Lot Area Existing

Character & Porosity of Soil

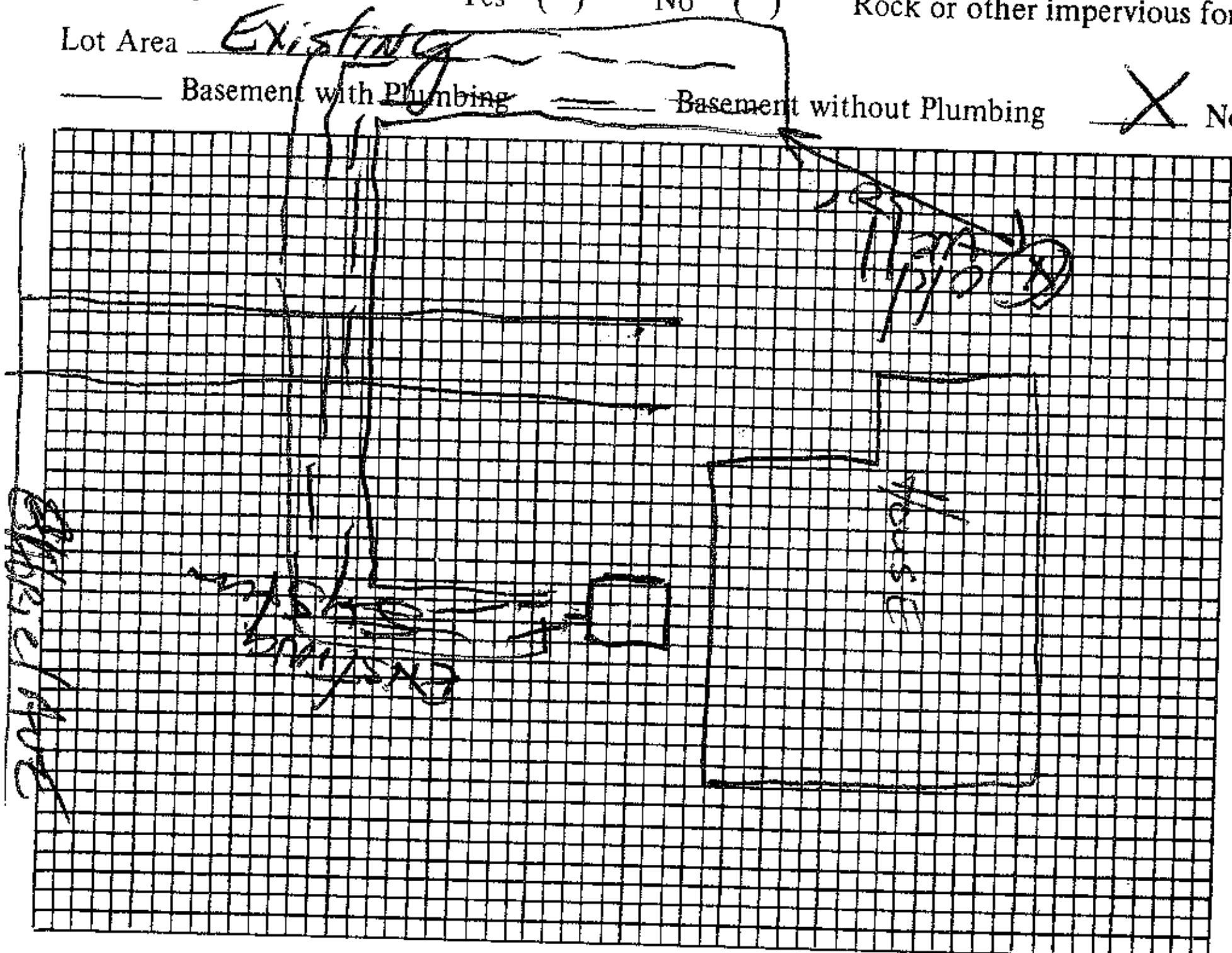
Percolation Rate

Topography Existing

Depth to Water Table System

Rock or other impervious formations

___ Basement with Plumbing ___ Basement without Plumbing X No Basement



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 (X)

Mooresvl H2O

Installed by

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

Signed:

122045 0553

IMPROVEMENTS PERMIT BY [redacted]

COMMENTS: Existing system working ok at date of inspection

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 8-29-85

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