03341

# 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 MARCIE A. MOORE DATE 8-14-85 PERMIT NO. _____

PHONE: Business _____ Home _____

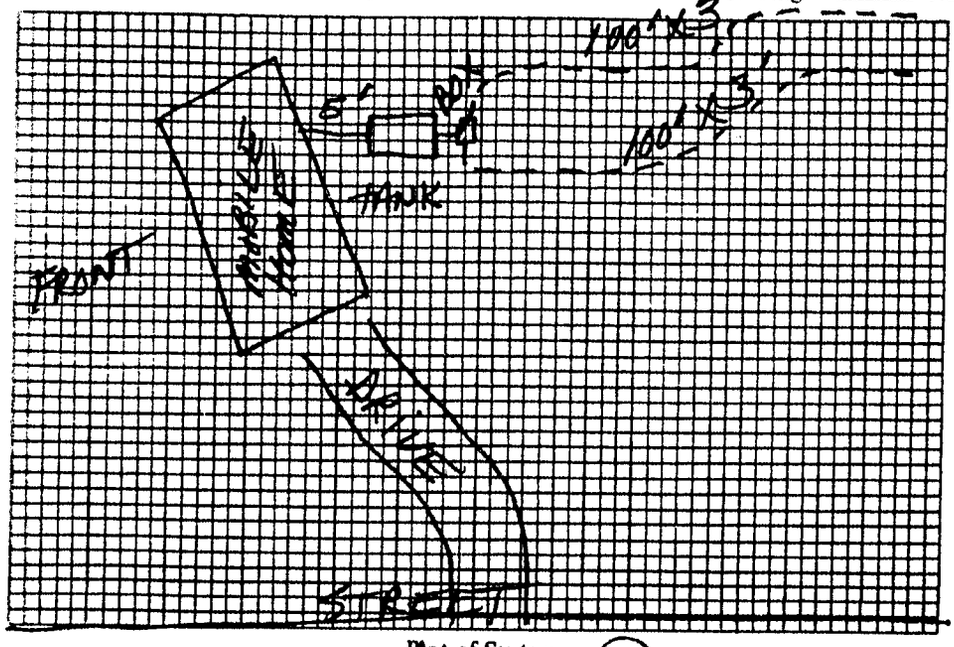
LOCATION Bethel Church Rd. - Off Old Mtn. Rd. - T.L. on Mock Mill Rd. - 1/4 mi on left - entr. dev. - 2nd lot on left. S. R. No. _____

SUBDIVISION NAME MOCK MILL RUN LOT NO. PT. 99 SECTION OR BLOCK NO. _____

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

| | | | |
|---|---|---|---|
| No. Bedrooms 2 | No. Bathrooms 1 | Character & Porosity of Soil | Prev. Suitable |
| Garbage Disposal Unit | Yes ( ) No (✓) | Percolation Rate | 5 gal/sq. ft. |
| Auto. Dishwasher | Yes ( ) No (✓) | Topography | 2-6% |
| Auto. Wash. Machine | Yes (✓) No ( ) | Depth to Water Table | 18+ |
| Site Suitable | Yes (✓) No ( ) | Rock or other impervious formations | none observed. |
| Lot Area 100' X 200' | | | |

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Tommy Cothren

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS Landscape over drain lines for surface water control.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-14-85.

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