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 James Moore Jr DATE 6-7-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy # 90 Past Lovey Sign. Tk. on Rd 1512. Trailer on R. At 4th House after Crossing Creek S. R. No. 1512

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

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area Acreage

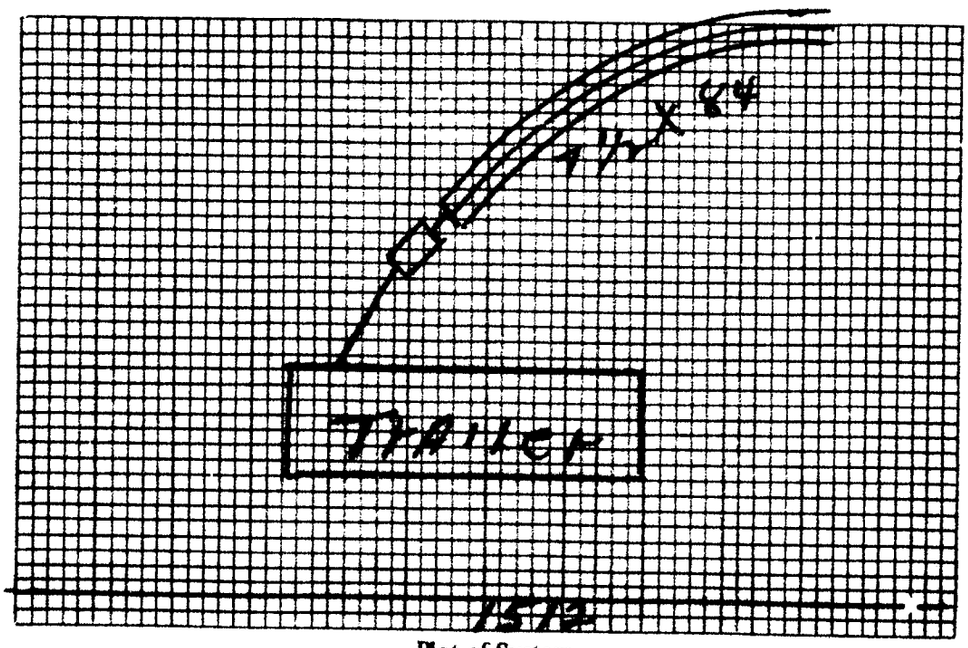
Character & Porosity of Soil Red Clay

Percolation Rate No Perk Test

Topography Slope To Back

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

from Spring

Installed by Sam Oathwalt

IMPROVEMENTS PERMIT BY E. A. Stevenson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 6-7-74

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold