IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

11042
OWNER OR CONTRACTOR JAMES MOORE DATE 2/7/92 PERMIT NO. 9D-12-A-35

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR LITTLE FARM ROAD, TL CEDAR RAGE S/D 1ST ENTRANCE, ON (R) IN CURVE S. R. No. _____

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

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

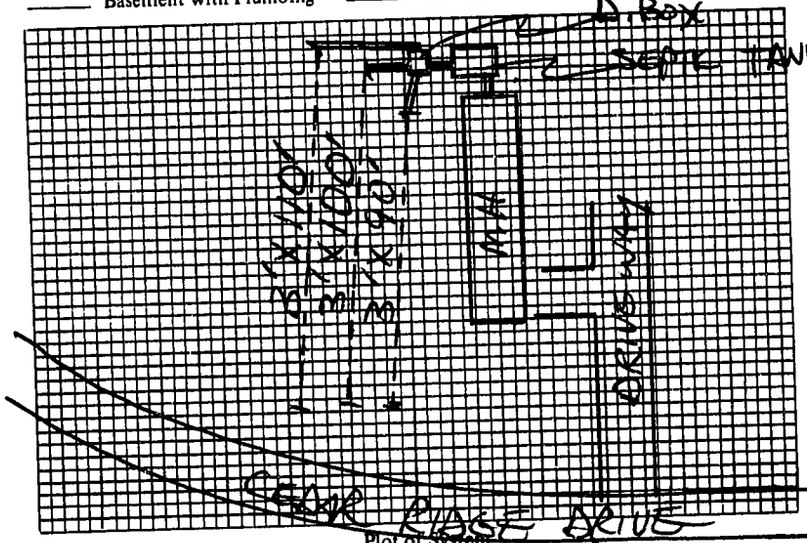
No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate .46PD // FT2
Topography 2-6%
Depth to Water Table 24'
Rock or other impervious formations NONE

ACP 12/9/91

Lot Area .75 AC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by JAMES HUBER

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

Signed: _____

IMPROVEMENTS PERMIT BY DARREN WEAVER

COMMENTS: (1) KEEP MH MINIMUM 5' FROM SYSTEM.
(2) MH NOT ON SITE AT TIME OF INSPECTION.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/7/92

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