IREDELL COUNTY HEALTH DEPARTMENT

9851

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

OWNER OR CONTRACTOR Earlie Moyer DATE 9-15-89 PERMIT NO. 210

PHONE: Business _____ Home _____

LOCATION 115 Linkway and Bt Bright Light Church on left

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. 5 SECTION OR BLOCK NO. _____

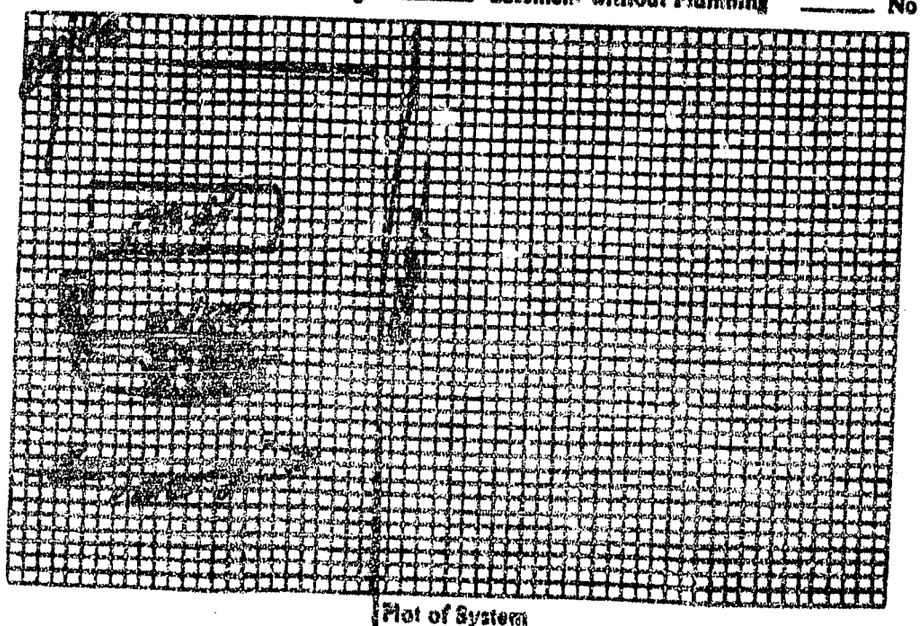
House ( ) Mobile Home (✓) Business ( ) Other _____

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 100x200

Character & Porosity of Soil Sandy Suitable
Percolation Rate 2
Topography Slight
Depth to Water Table 4'
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Lines By 20
Depth of Stone in Lines 24
Water Supply: Individual ( )
Public (✓) Town well

Installed by Moyer Bros

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY _____ DATE 9-15-89

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