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 Norman moore DATE 5-24-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Barkley Rd TR on Rockwood at end TR 1st Hse on Rt. 1619 Rockwood Dr. S. R. No. _____

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

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

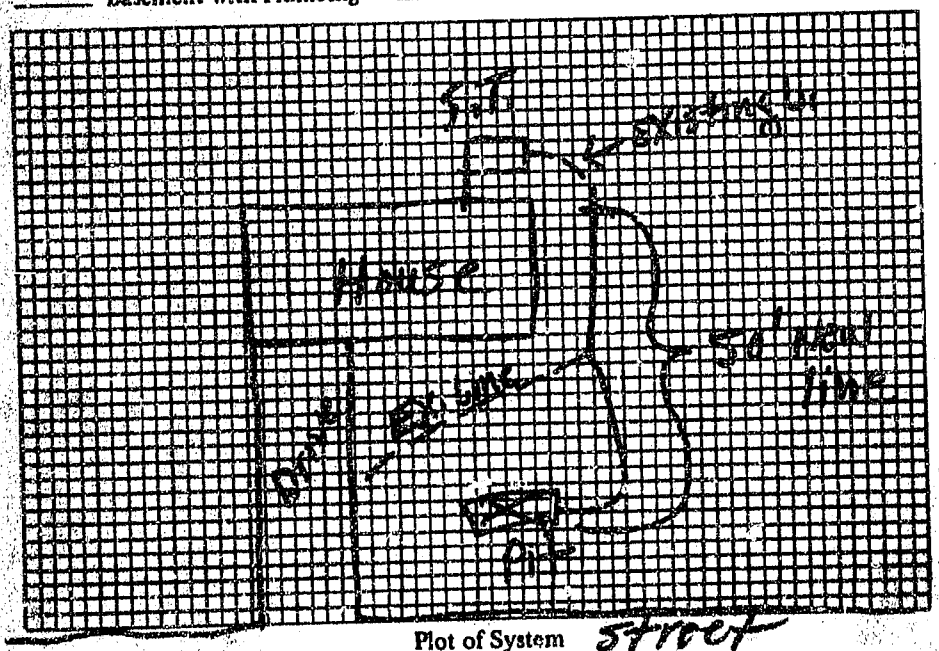
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Character & Porosity of Soil Clayey
Percolation Rate 4
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 150 Linear Ft. 50
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)
+ 16 Ton Pit

Installed by James Hudler

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

Signed: _____

IMPROVEMENTS PERMIT BY: J. C. moore

COMMENTS: Ex. line dug out where [illegible] up + replaced with new line.

CERTIFICATE OF COMPLETION BY J. C. moore

EXISTING SYSTEM CHECKED BY: _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE [illegible]

Permit is VOID if any unauthorized changes are made in installation of system and/or [illegible] Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow [illegible]