01346

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 Sherrill Faw DATE 9-20-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70 E TR on Bethesda Rd Turn 1st left 3rd house on left. S. R. No. _____

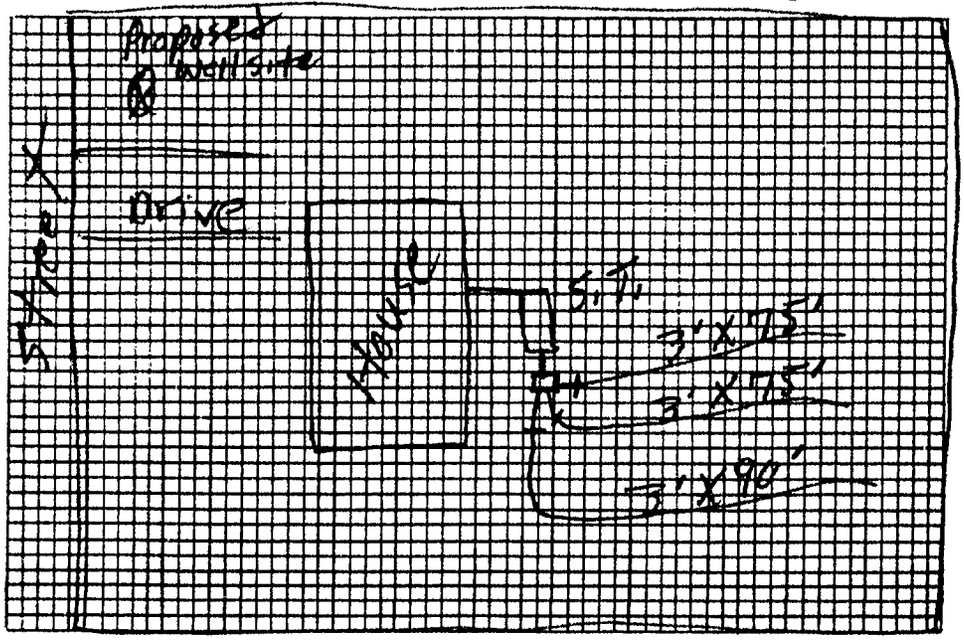
SUBDIVISION NAME Moose Cave meadows LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1 1/2 Character & Porosity of Soil Clay loam
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 45
Auto. Dishwasher Yes (✓) No ( ) Topography Level to Rolling
Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 10'+
Site Suitable Yes (✓) No ( ) Rock or other impervious formations none

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 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Jack Strout

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 9-20-85

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