9927

33953

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 D.C. M. Mosher DATE 6-6-90 PERMIT NO. B-11

PHONE: Business _____ Home _____

LOCATION Corner Setzefield Westchester S. R. No. _____

SUBDIVISION NAME Shannon Acres LOT NO. 240 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay loam

Percolation Rate 4

Topography Flat & Good

Depth to Water Table 6'+

Rock or other impervious formations None

Lot Area 1 acre+

_____ Basement with Plumbing _____ Basement without Plumbing Basement Plumbing to be added at later date lower system will be added at that time No Basement

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Lineal Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Westchester

Plot of System

Installed by Forest Shuford

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

Signed: _____

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 6-6-90

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