04861

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 Ronald Gadish DATE 10-10-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E TR on Barry oak Rd 3mi TR on Private Dr. before Longview Rd Home 300 yds on left S. R. No. _____

SUBDIVISION NAME H.C. moore Property LOT NO. _____ SECTION OR BLOCK NO. _____

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

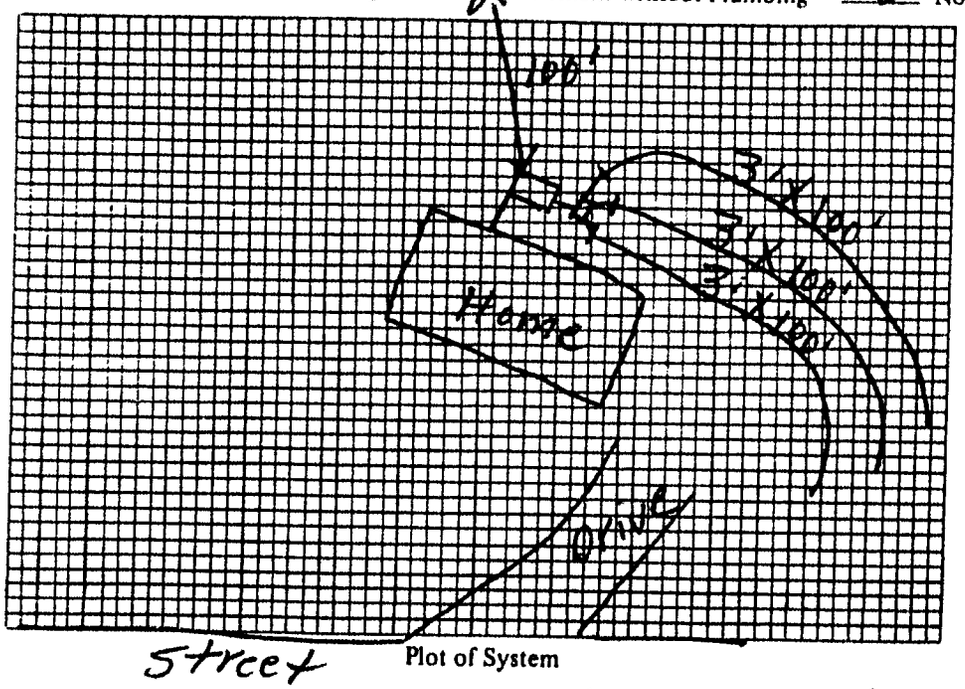
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 3.97 acres

Character & Porosity of Soil Prov. Suitable Clayey
Percolation Rate 14 sal 155' days
Topography 2 to 4%
Depth to Water Table 10'
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. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Donald Gadish

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox

COMMENTS: _____

CERTIFICATE OF COMPLETION BY H.C. moore DATE 10-10-86

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