G-30

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 Keith Carroll DATE 4-3-84 PERMIT NO. 65

PHONE: Business _____ Home _____

LOCATION 1102 on R before All Seasons Marina TR private Road (Knox, Davidson Sign) Near end on left S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1.99 AC

Character & Porosity of Soil Clay loam

Percolation Rate 0.5 gal ft²/day 2-8 min/in

Topography Slope

Depth to Water Table 4'

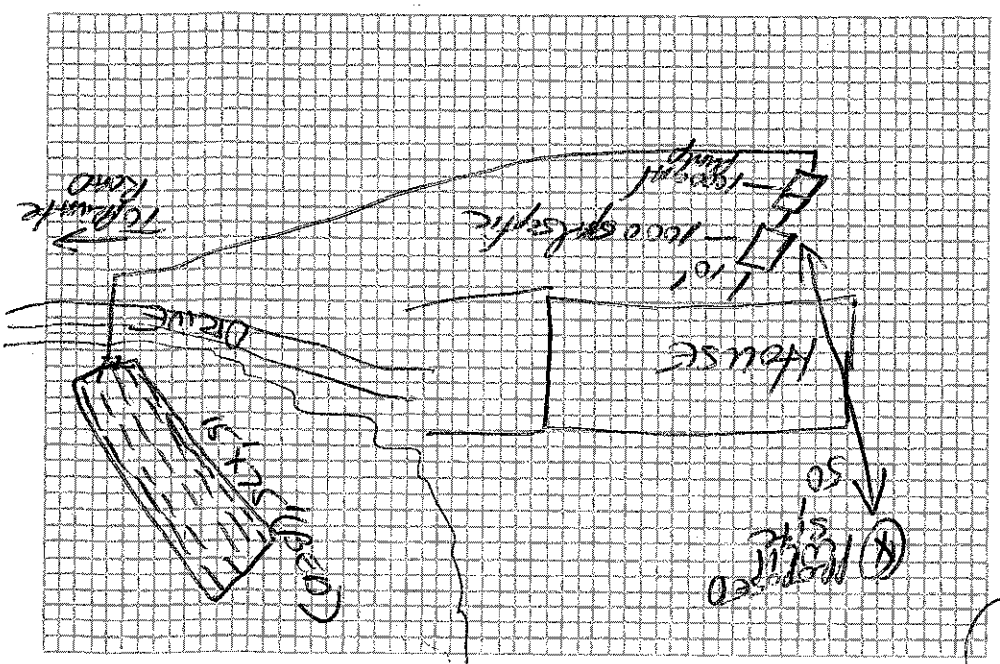
Rock or other impervious formations None observed

1000 gal pump Tank

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1050 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )



Plot of System

Installed by _____

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

Signed: X Keith Carroll

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow About 1.5' COVER over drainfield, ~~Comply~~ Hide Access to pump w/shrubs or mulch, use good quality Effluent pump

CERTIFICATE OF COMPLETION BY _____ DATE _____

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