08373

IREDELL COUNTY HEALTH DEPARTMENT PWT# 467500 0392

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Clarence Blackwelder DATE June 20 '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 136 S. TR 1142 (Johnson Dairy Rd) 1/4 mile TR just before creek 1st lot on left S. R. No. _____

SUBDIVISION NAME Carlwoods LOT NO. 1 SECTION OR BLOCK NO. _____

DCO

House ( ) Mobile 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 PS	Yes (✓)	No ( )	

Character & Porosity of Soil clay

Percolation Rate 20.35

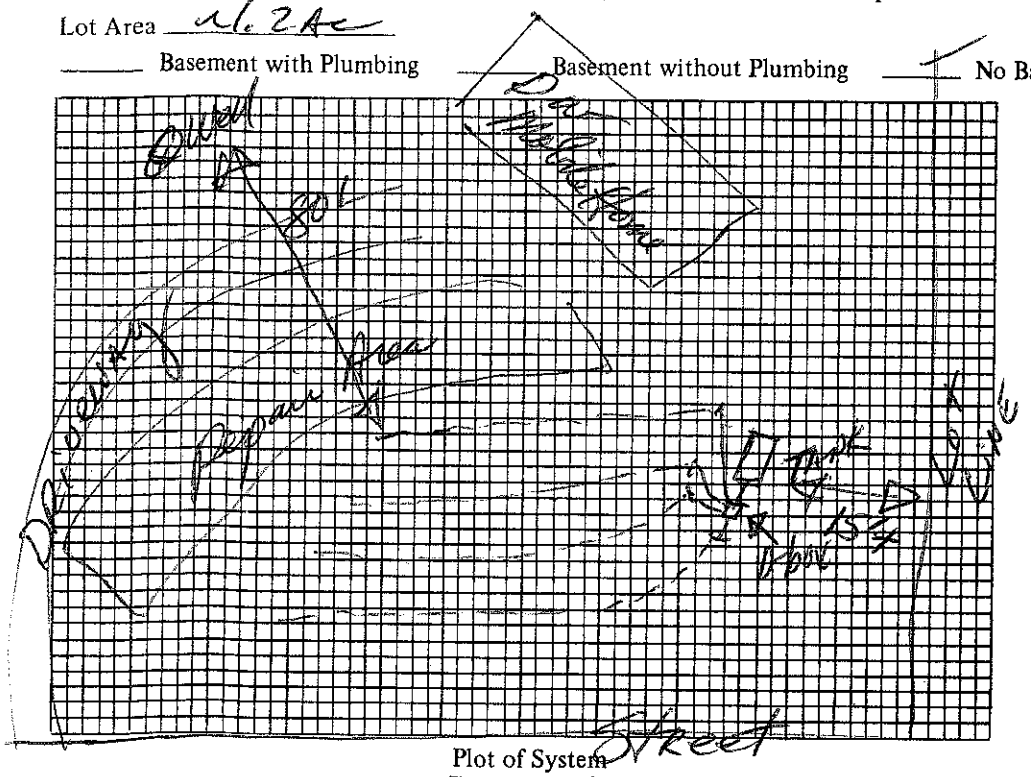
Topography 2-4%

Depth to Water Table 3½'+

Rock or other impervious formations none obs.

Lot Area 1.2 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1050 Linear Ft. 350

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Ray Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Pump system eliminated due to proposed relocation of home site.

CERTIFICATE OF COMPLETION BY _____ DATE 6-20-89

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