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 Sharon Mack DATE 2-12-85 PERMIT NO. 110

PHONE: Business _____ Home _____

LOCATION 1465 TR 1142, ½ mile TR Carol Woods Drive 2nd on left S. R. No. _____

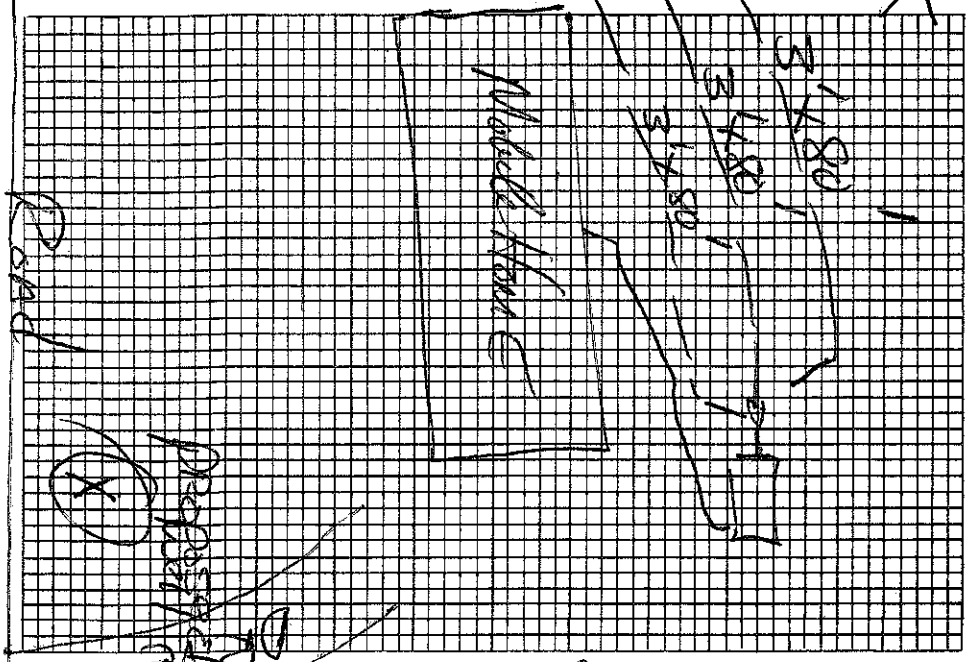
SUBDIVISION NAME Carol Woods LOT NO. 2 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	25 min/ft	2/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Level	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'	
Lot Area 20,000 Ft²			Rock or other impervious formations	None	6'5

_____ Basement with Plumbing _____ Basement without Plumbing X 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 (X)
Public ( )

Installed by _____

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

Signed: X Sharon Mack by: Ted Clemmons

IMPROVEMENTS PERMIT BY Ted Clemmons

COMMENTS: Follow Contours, keep System Shallow

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

This 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