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 P.B.S. Realty DATE 5-1-85 PERMIT NO. 179

PHONE: Business _____ Home _____

LOCATION 1146 SR 1142 ½ mile TR Carolwoods Drive
4th on left

S. R. No. _____

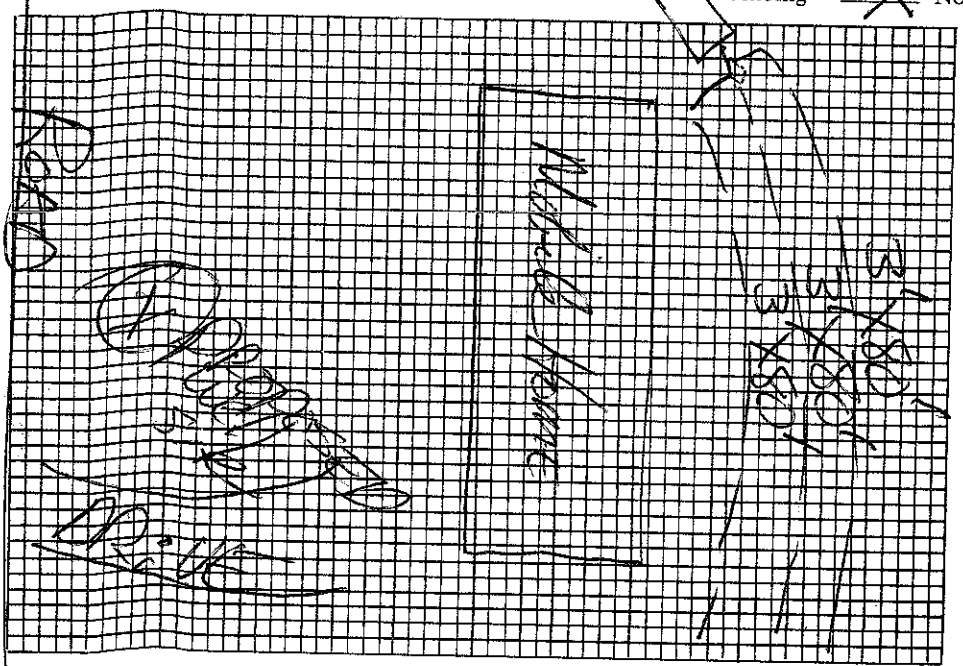
SUBDIVISION NAME Carolwoods LOT NO. 4 SECTION OR BLOCK NO. _____

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	0.5 gal/sq ft/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	10-15%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'
Lot Area 20,000 Ft²			Rock or other impervious formations	None Obs

_____ 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. 220 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Ken Dellinger

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

Signed: _____

IMPROVEMENTS PERMIT BY J. Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. Clemmer DATE 5-1-85

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