IREDELL COUNTY HEALTH DEPARTMENT

9:00

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR William McCullen DATE 1-2-85 PERMIT NO. 3

PHONE: Business _____ Home _____

LOCATION 4465 TR 1142 ½ mile TR (before RRiver) Carol Woods DR NE lot on R ON CORNER S.R. No. _____

SUBDIVISION NAME Carol Woods LOT NO. 18, 19, 20, 21 SECTION OR BLOCK NO. _____ 15th Road

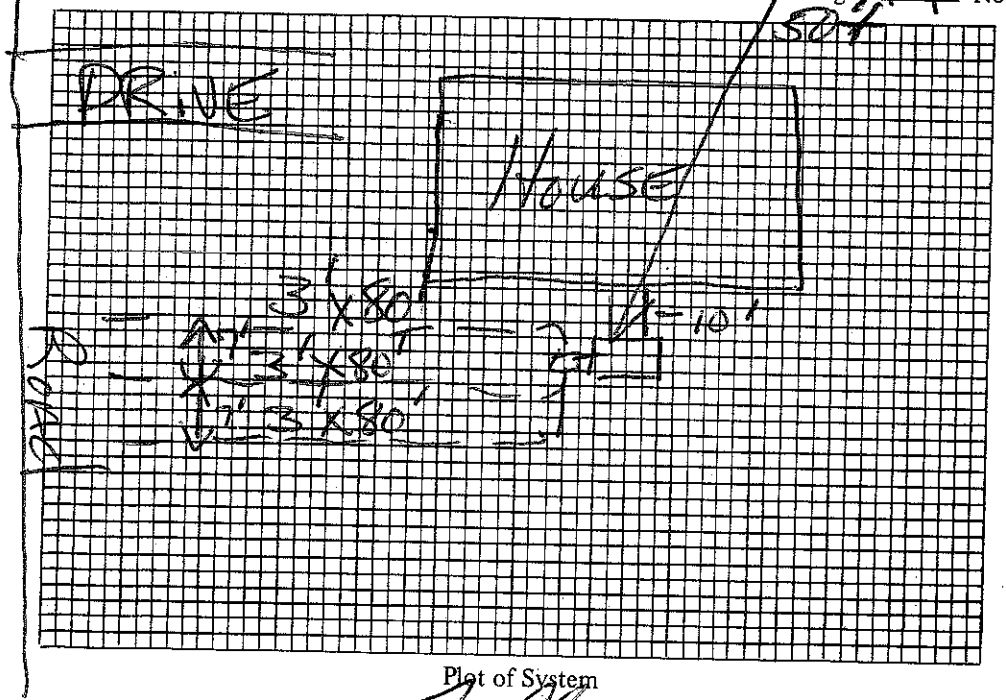
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	2-5 60 Min/in²/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
			Rock or other impervious formations	None 065

Lot Area 20,000 Ft²

_____ 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 William McCullen

IMPROVEMENTS PERMIT BY J. Clemmer

COMMENTS: Keep system shallow, follow contours

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