4675105990

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 J. W. Bradfield DATE 12-10-84 PERMIT NO. 447

PHONE: Business _____ Home _____

LOCATION 1146, S TR 1142 ½ mile TR into Carolwoods 10th Lot on left

S. R. No. _____

SUBDIVISION NAME Carolwoods LOT NO. 10 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 RMH

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000± Sq Ft

Character & Porosity of Soil Clay loam

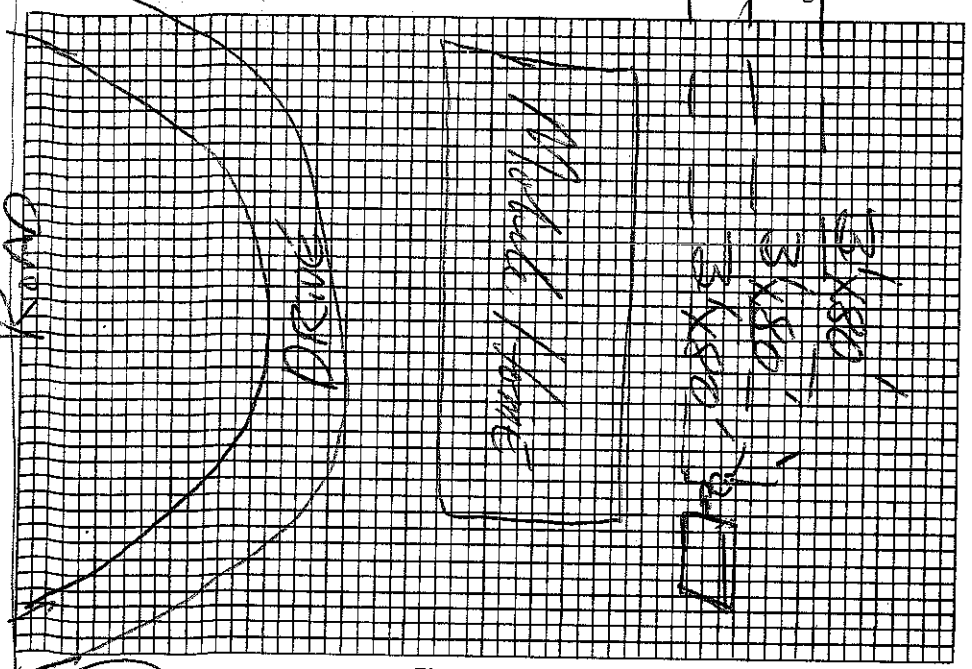
Percolation Rate 0.5 gpd/sq ft/day

Topography 2-8%

Depth to Water Table 47

Rock or other impervious formations NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



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 T. J. Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: SEE REVERSE

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 12-10-84

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