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 Eugene Vickers Jr. DATE 1-16-87 PERMIT NO. 36

PHONE: Business _____ Home _____

LOCATION NC136 (Coddle Creek Rd)

S. R. No. _____

SUBDIVISION NAME Carol woods LOT NO. 35 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other adding garage & living ~~rm~~ room, & bedroom

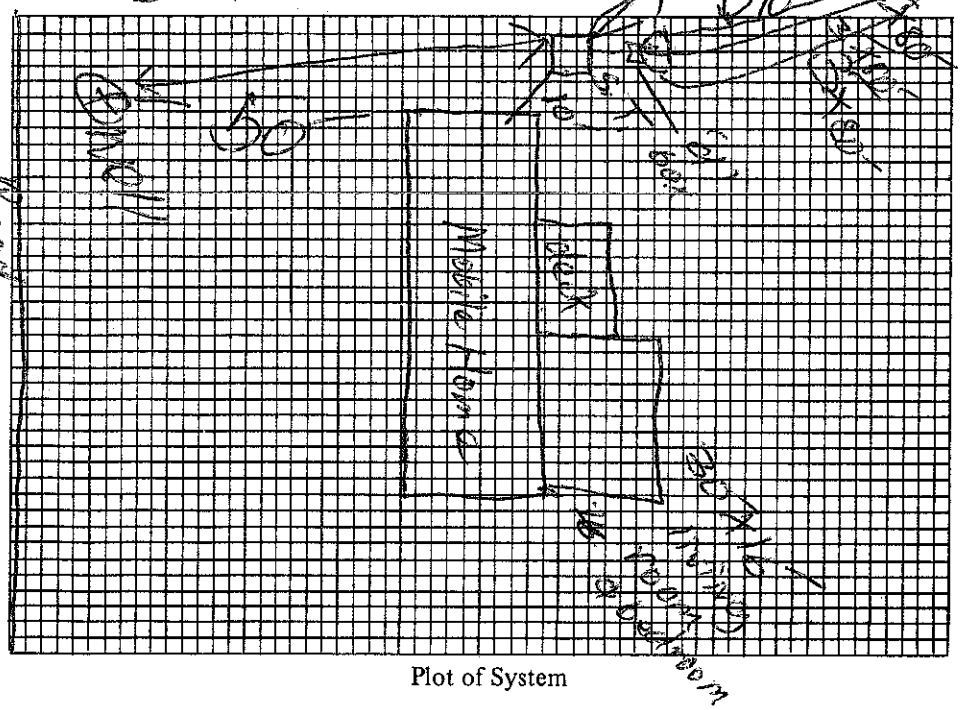
No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit ( ) Yes ( ) No ( )
Auto. Dishwasher (X) Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing DRIVE garage No Basement



Plot of System

Size of Tank 5 Gals.
Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: existing system working O.K. at date of inspection adding 1 bedroom & removing another for a total of two bedrooms adding living room

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett 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