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 3-26-85 PERMIT NO. 107

PHONE: Business ______ Home ______

LOCATION 1146S TR 1142 1/2 mile TR Carolwoods TR 1st Road, 3rd on R ______ S. R. No. ______

SUBDIVISION NAME Carolwoods LOT NO. 35 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes ( ) No (X)

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

Site Suitable Yes (X) No ( )

Lot Area 1 ACRE

Character & Porosity of Soil 0.5 gal/ft²/day

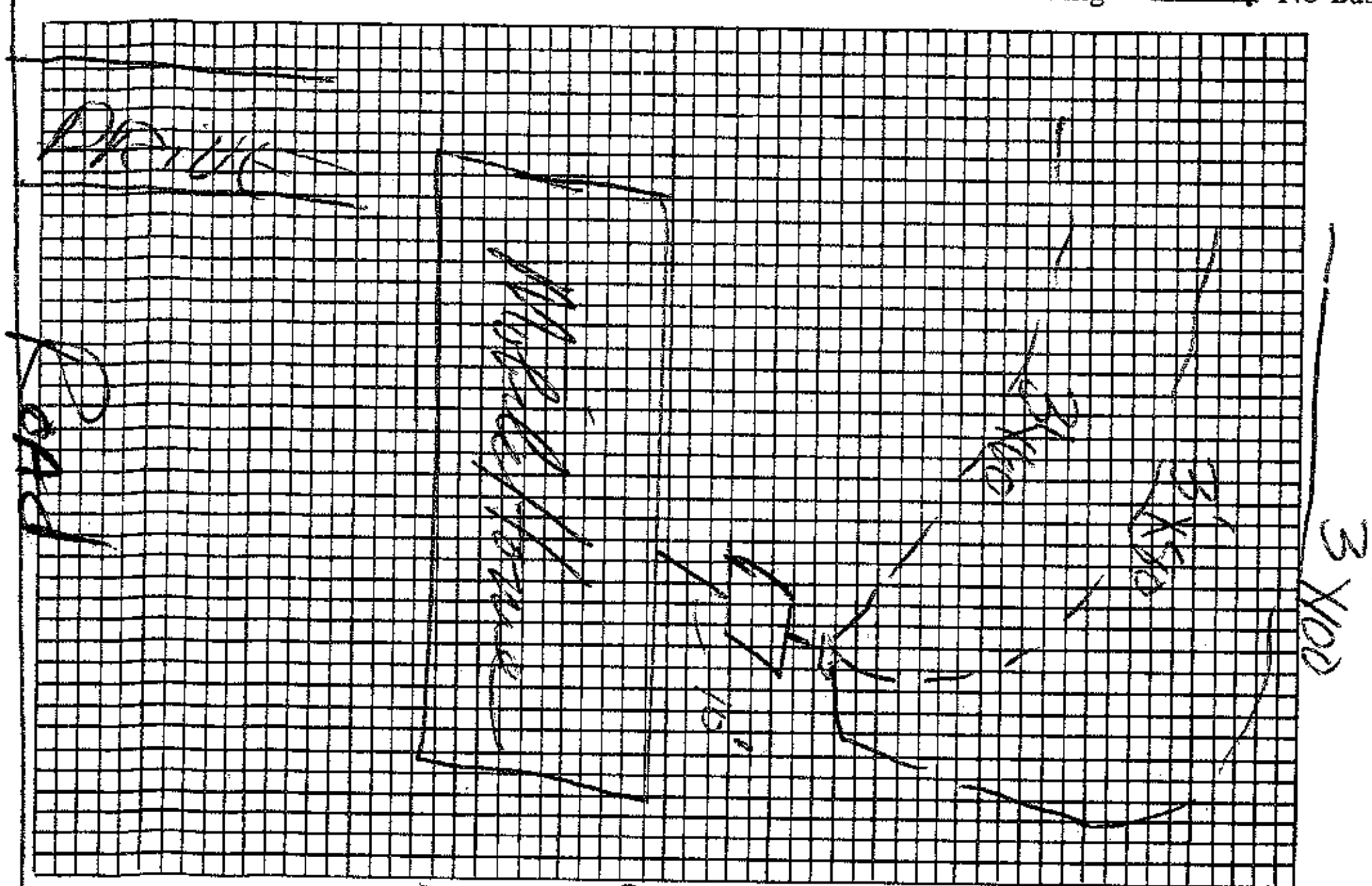
Percolation Rate [illegible] clay - w/ stone Saprolite

Topography 2-6%

Depth to Water Table 4'+

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. 720 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 Kelly Sheeks

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 3-26-85

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