330-400

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 3/6/85 PERMIT NO. 131

PHONE: Business _____ Home 588-6859

LOCATION _____

_____ S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1 acre

Character & Porosity of Soil 3-4 gal/ft²/dy

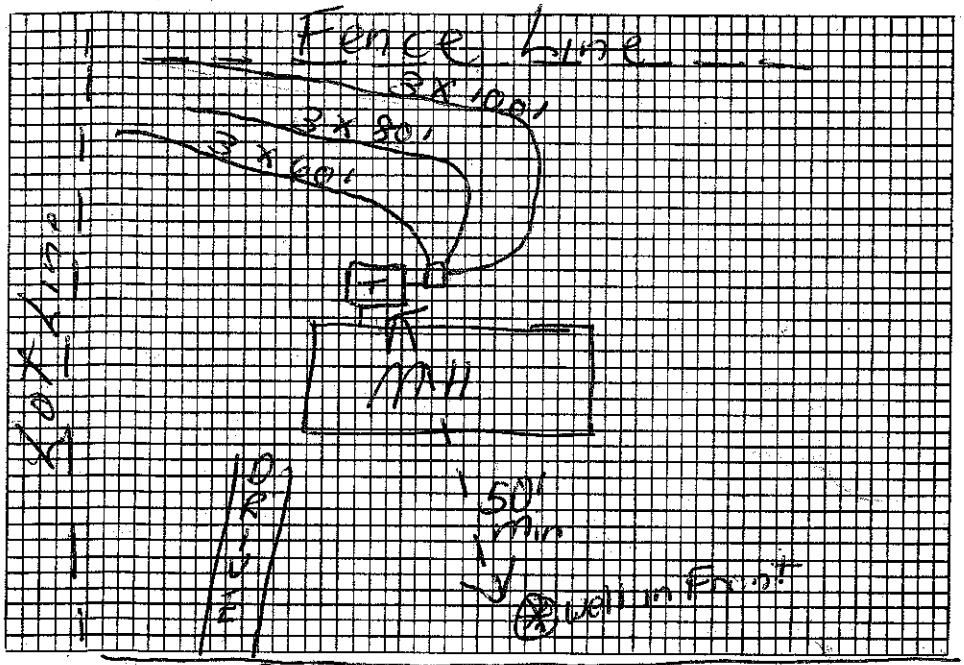
Percolation Rate tight clay w/ some saprolite

Topography 2-6%

Depth to Water Table 4' +

Rock or other impervious formations None Noted

_____ Basement with Plumbing _____ Basement without Plumbing ✓ 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 (✓)
Public ( )

Installed by _____

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

Signed: Eugene F. Vickers

CAROL Plug System and D' Box

IMPROVEMENTS PERMIT BY Gerald H. Steele RS

COMMENTS: Keep system no deeper than 24"!! Tank can be moved at installers disgresssion to facilitate shallow placent of lines -

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