IREDELL COUNTY HEALTH DEPARTMENT 4675107362

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

OWNER OR CONTRACTOR Paul B. Dorgweck DATE 3-6-85 PERMIT NO. 67 68

PHONE: Business _____ Home _____

LOCATION 1145 SR #1142 SR Carolwoods SR 1st Street 3rd lot on left

SUBDIVISION NAME Carolwoods LOT NO. 22 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

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 FT2 PRUE

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gpf 24 hour
Topography Sloped
Depth to Water Table _____
Rock or other impervious formations None obs.

Basement with Plumbing ____ Basement without Plumbing ____ No Basement X



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 10"
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 C. K. Barnett

COMMENTS: Cut off original nitrification line System Designed by C. K. Barnett Jr. Checked by Charles Barnett 1-6-85 - Final Plan checked by Fred Clemmer

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 3-6-85

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