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 Todd T. KRAFT DATE 12-30-85 PERMIT NO. BH1

PHONE: Business _____ Home _____

LOCATION 1465 TR 1142, TR Carolwoods Drive ON left above Road to Lower Lots

SUBDIVISION NAME Carolwoods LOT NO. 11 SECTION OR BLOCK NO. _____ S. R. No. _____

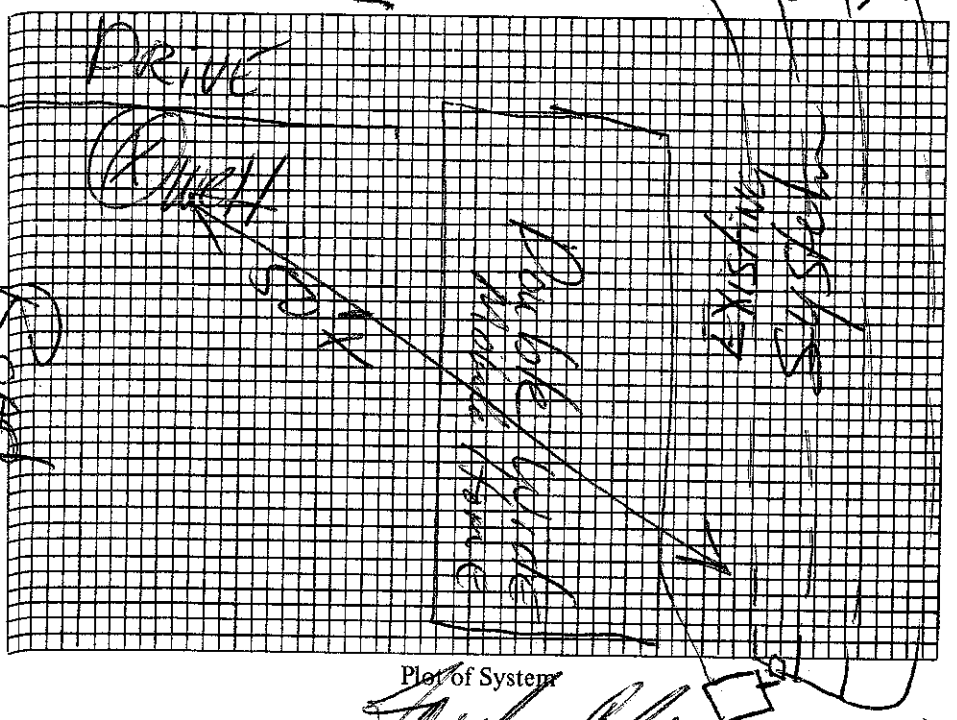
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 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 1.5 ACRES

Character & Porosity of Soil Clay-Loam
Percolation Rate 0 Soak ft 5 Hr Avg
Topography 2-8%
Depth to Water Table 40
Rock or other impervious formations NONE obs

____ Basement with Plumbing ____ Basement without Plumbing ____X____ No Basement



Plot of System

Size of Tank EXISTING 1250 Gals.
Nitrification Field: No. of Lines 4 EXISTING
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"
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 Fred Clemmer

System Checked by Fred Clemmer

COMMENTS: EXISTING System WORKING OK AT time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 12-30-85

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