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 J. KRAFT DATE 12-14-84 PERMIT NO. 340

PHONE: Business _____ Home _____

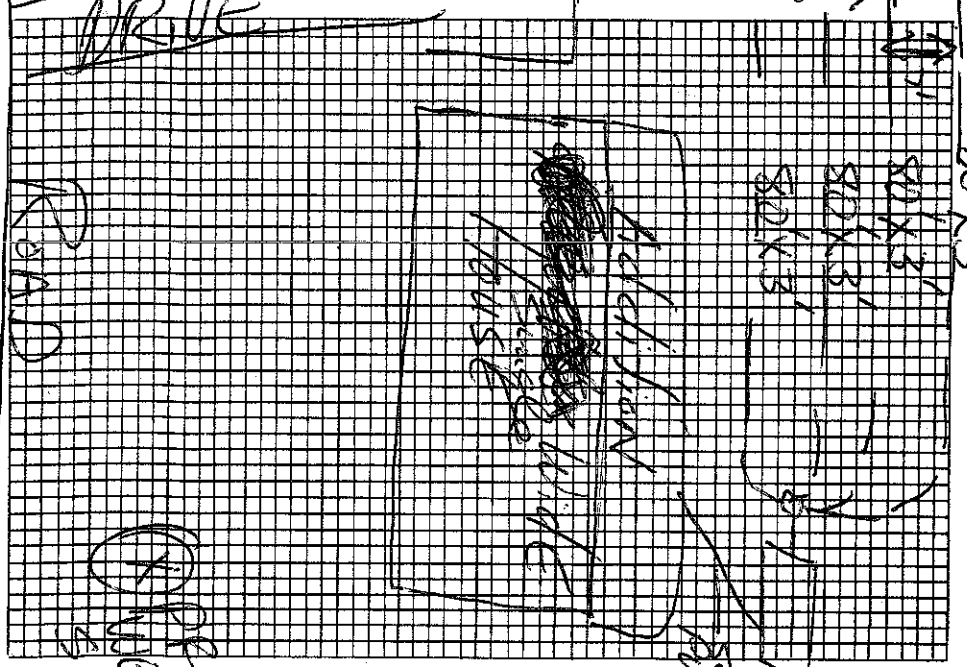
LOCATION 1146 S/TR 1142 TR Carolwoods Dr. 1st Lot on left S. R. No. _____

SUBDIVISION NAME Carol Woods LOT NO. 11 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4	No. Bathrooms 2		Character & Porosity of Soil	Clay Loam
Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate	0.5
Auto. Dishwasher	Yes ( )	No ( )	Topography	Gently Rolling
Auto. Wash. Machine	Yes ( )	No ( )	Depth to Water Table	4'
Site Suitable	Yes ( )	No ( )	Rock or other impervious formations	NONE OBS.
Lot Area 1.5 ACRES				

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
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: Todd J Kraft

IMPROVEMENTS PERMIT BY Fred Clemmons

COMMENTS Keep System Shallow, follow Contours

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