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 Edward D. Haggy DATE 3-1-85 PERMIT NO. 127

PHONE: Business _____ Home _____

LOCATION 1465 TR 1142 TR Carolwoods TR 1st street

S. R. No. _____

SUBDIVISION NAME Carolwoods LOT NO. 34 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____
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~~

Character & Porosity of Soil Clay
Percolation Rate 0-4 gals 1ft²/day
Topography 2-4%
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. 900 Linear Ft. 300
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: X Edward Haggy

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow; plant grass over System

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