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 Jerry J. Hartsell DATE 4-23-85 PERMIT NO. 167

PHONE: Business _____ Home _____

LOCATION 1465 SR 1142 TR Candlewoods Drive
Near End of Road on R S. R. No. _____

SUBDIVISION NAME Candlewoods LOT NO. 16 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

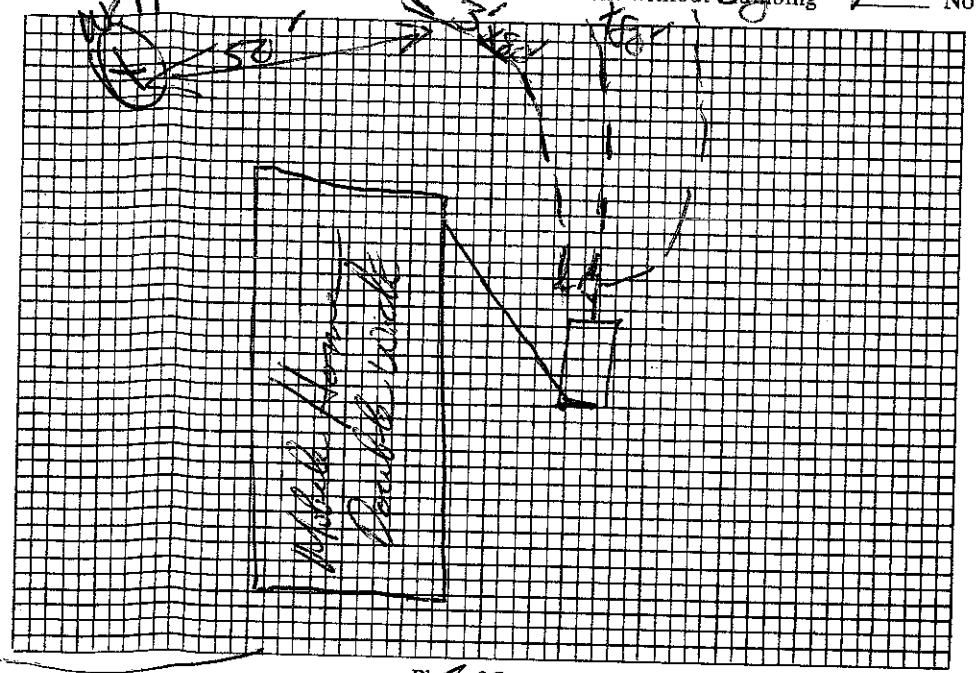
Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	

Lot Area 20,000 Ft²

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft²/day
Topography 2-8% slope
Depth to Water Table 4 ft
Rock or other impervious formations None obs.

Neighbors Well (X)

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.
Nitrification Field: 3
No. of Lines
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY F. Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 4-23-85

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