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 LANE KARRIKER DATE 5-15-85 PERMIT NO. 176

PHONE: Business _____ Home _____

LOCATION 1465 TR 1142 ½ mile TR Carolwoods DRIVE IL AT Top of hill X CREEK on left S. R. No. _____

SUBDIVISION NAME Carolwoods LOT NO. 6 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 ACREAGE

Character & Porosity of Soil CLAY

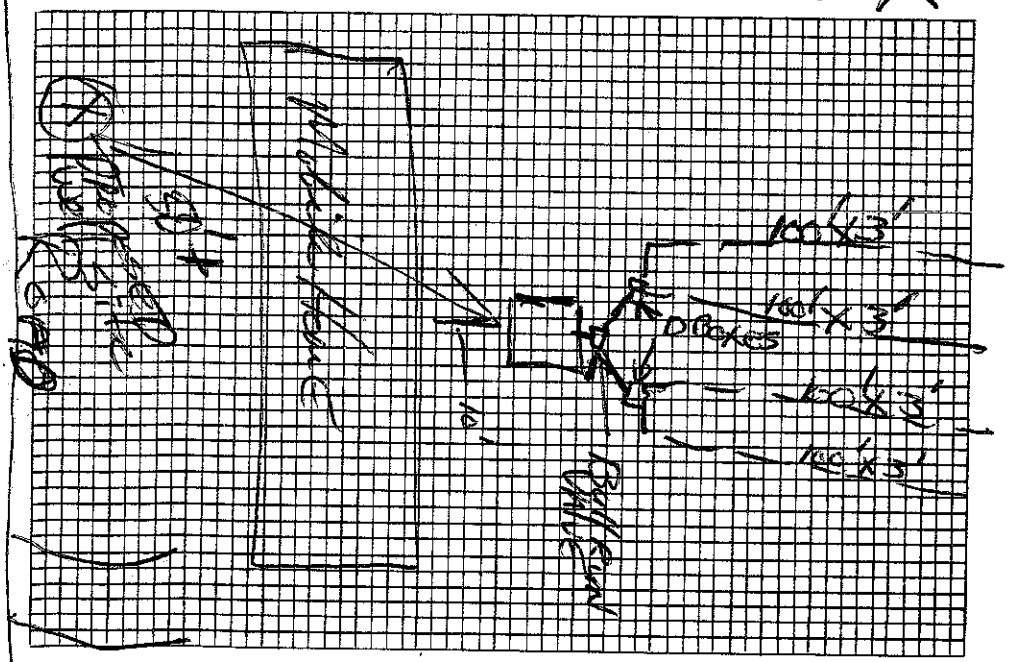
Percolation Rate 0.39 GAL/SQ FT/day

Topography 2-4%

Depth to Water Table 44

Rock or other impervious formations SCATTERED OUTCROPPINGS

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400

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 Lane P. Karriker

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow, About 1.5' Cover MAXimum; use Bull Run Value to Alternate between 2 Drainfields; Switch every Month or 6 weeks between Fields

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