IREDELL COUNTY HEALTH DEPARTMENT P/Nott 460 11-1410

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Marvin Pender DATE 6/24/85 PERMIT NO. 290

PHONE: Business _____ Home _____

LOCATION Johnston Dairy Road off Shearers Chapel Rd, Lt into Carolwoods, Tate 1st Lt, Last Lot on Lt S. R. No. _____

SUBDIVISION NAME Carolwoods LOT NO. 7 SECTION OR BLOCK NO. _____

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

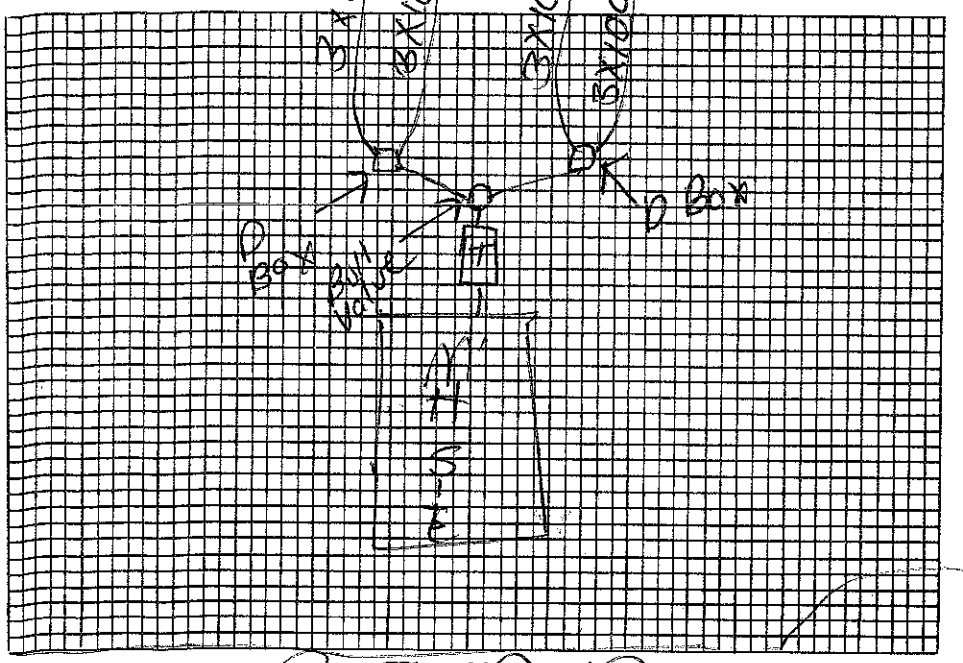
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay w/ saph.
Percolation Rate 3 gal/ft/day
Topography 2-10%
Depth to Water Table 41+
Rock or other impervious formations Rock Outcropping

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

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 (✓)
Public ( )

Installed by Dellinger Septic

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

Signed: _____

IMPROVEMENTS PERMIT BY R O Charles D Barnett

COMMENTS: Switch Valve every 6 months!!! Keep well 50' minimum from tank & lines.

CERTIFICATE OF COMPLETION BY _____ DATE 6/24/85

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