1130

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 Marvin Pender DATE 5-22-85 PERMIT NO. 182

PHONE: Business _____ Home _____

LOCATION 1146 S TR on Rocky River Rd TL into Carolwood go up hill TL 1st at end of road on left 1142 go ½ mile S. R. No. _____

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

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

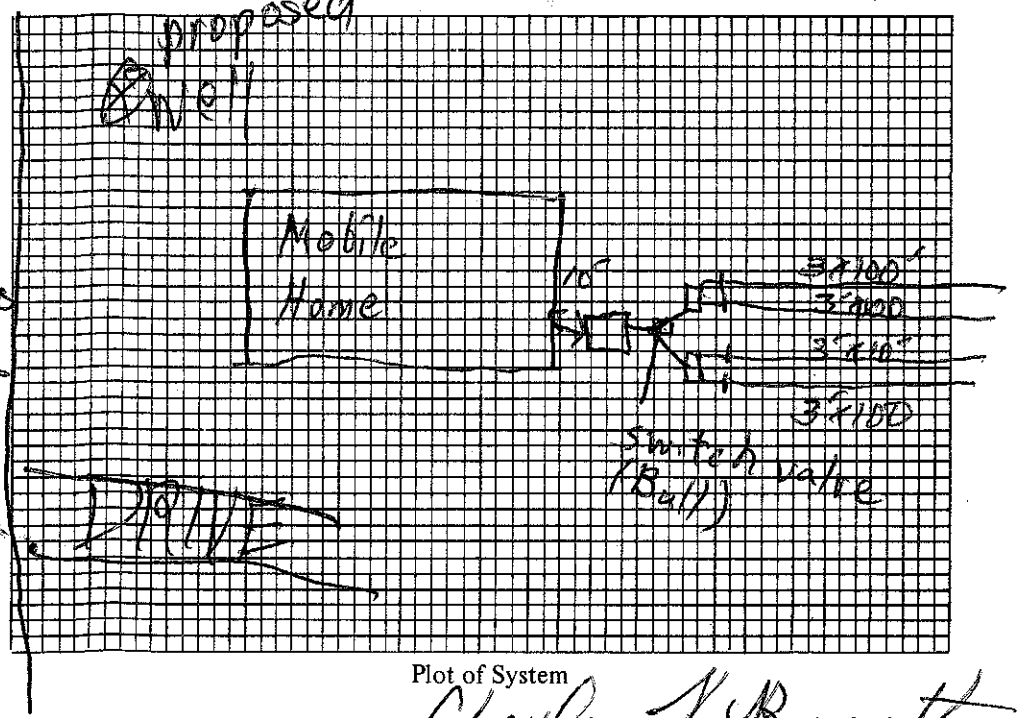
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay with saphorlite
Percolation Rate .3 gal/ft²/day
Topography 2 10 6 7 0
Depth to Water Table 4
Rock or other impervious formations rock outcropping

Lot Area 4, 6 acres

_____ Basement with Plumbing _____ Basement without Plumbing X 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 (X)
Public ( )

Installed by _____

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

Signed X Marvin Pender

IMPROVEMENTS PERMIT BY Charles K. Bennett

COMMENTS: Keep system shallow trenches no than 2.5' and follow contour, have two d boxes and used switch valve to alternate flow from one box to next every six weeks.

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