PIN# 4675-11-5497

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 James Pender DATE 6/24/85 PERMIT NO. 291

PHONE: Business _____ Home _____

LOCATION Johnston Dairy Road off Sheorers Chapel, Lt into Carolwoods, Take 1st Lt, Last Lot on Rt S. R. No. _____

SUBDIVISION NAME Carolwoods LOT NO. 8 SECTION OR BLOCK NO. _____

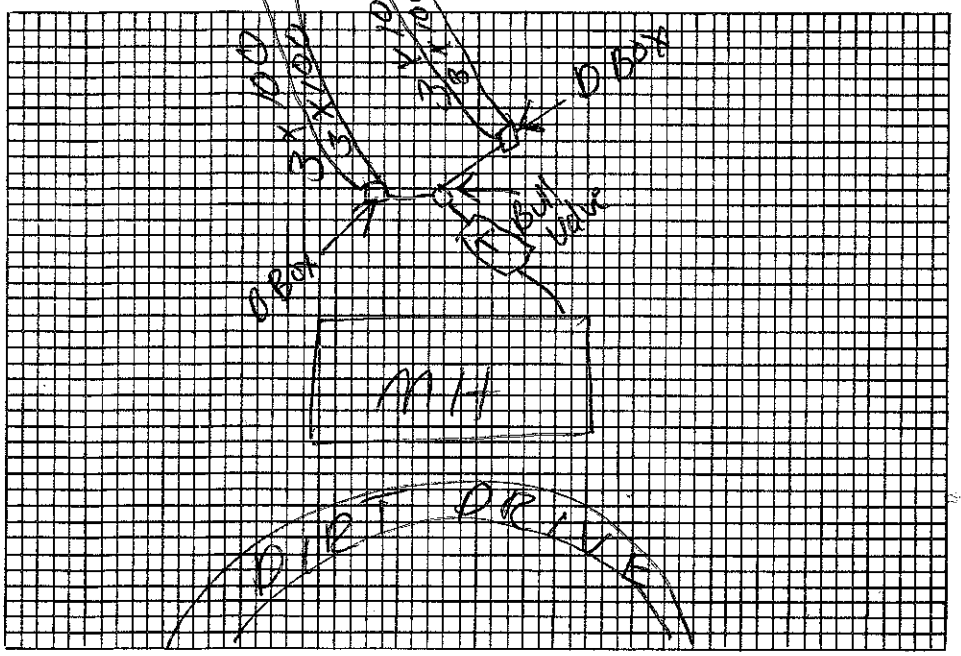
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay w/ Soapstone
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2-3 @ 90 / Ft / day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4' +
			Rock or other impervious formations	Rock outcroppings

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 Charles Barnett

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

CERTIFICATE OF COMPLETION BY _____ DATE 6/24

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