11:30

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 5-22-85 PERMIT NO. 183

PHONE: Business _____ Home _____

LOCATION 1146S TR on Rocky River Rd go ½ mile & turn right into Carolwood go about ½ mile TL go to end lot on right LOT R. No. _____

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

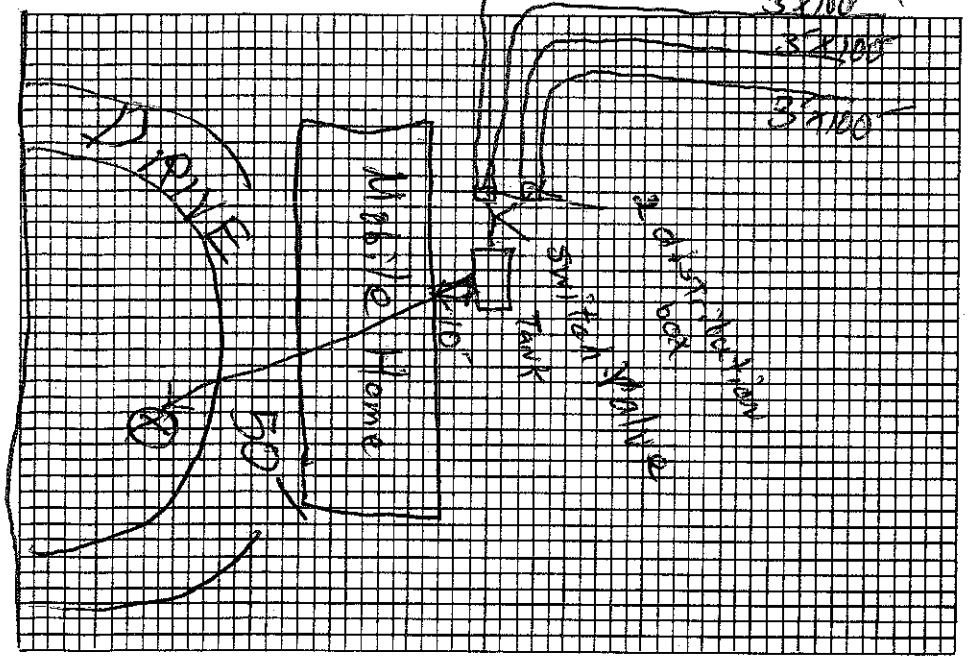
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	clay with saprolite	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.30 gal/ft²/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-8%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'	
			Rock or other impervious formations	rock outcropping	

Lot Area acreage 3.8 acre.

_____ 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: Marcia Pender

IMPROVEMENTS PERMIT BY Charles K. Bennett

COMMENTS: Keep system shallow & follow no more 2.5' deep follow contour, 2 distribution with a switch valve to alternate through distribution box every 6 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