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 Joey L. Dixon DATE 5-21-86 PERMIT NO. 288

PHONE: Business ______ Home ______

LOCATION 1146 S TR 1142 ½ mile TR Carolwoods Dr

______ S. R. No. ______

SUBDIVISION NAME Carolwoods LOT NO. 9 SECTION OR BLOCK NO. ______

House ( ) Mobile Home (X) 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 ( )

Lot Area ~1.7 acres

Character & Porosity of Soil clay

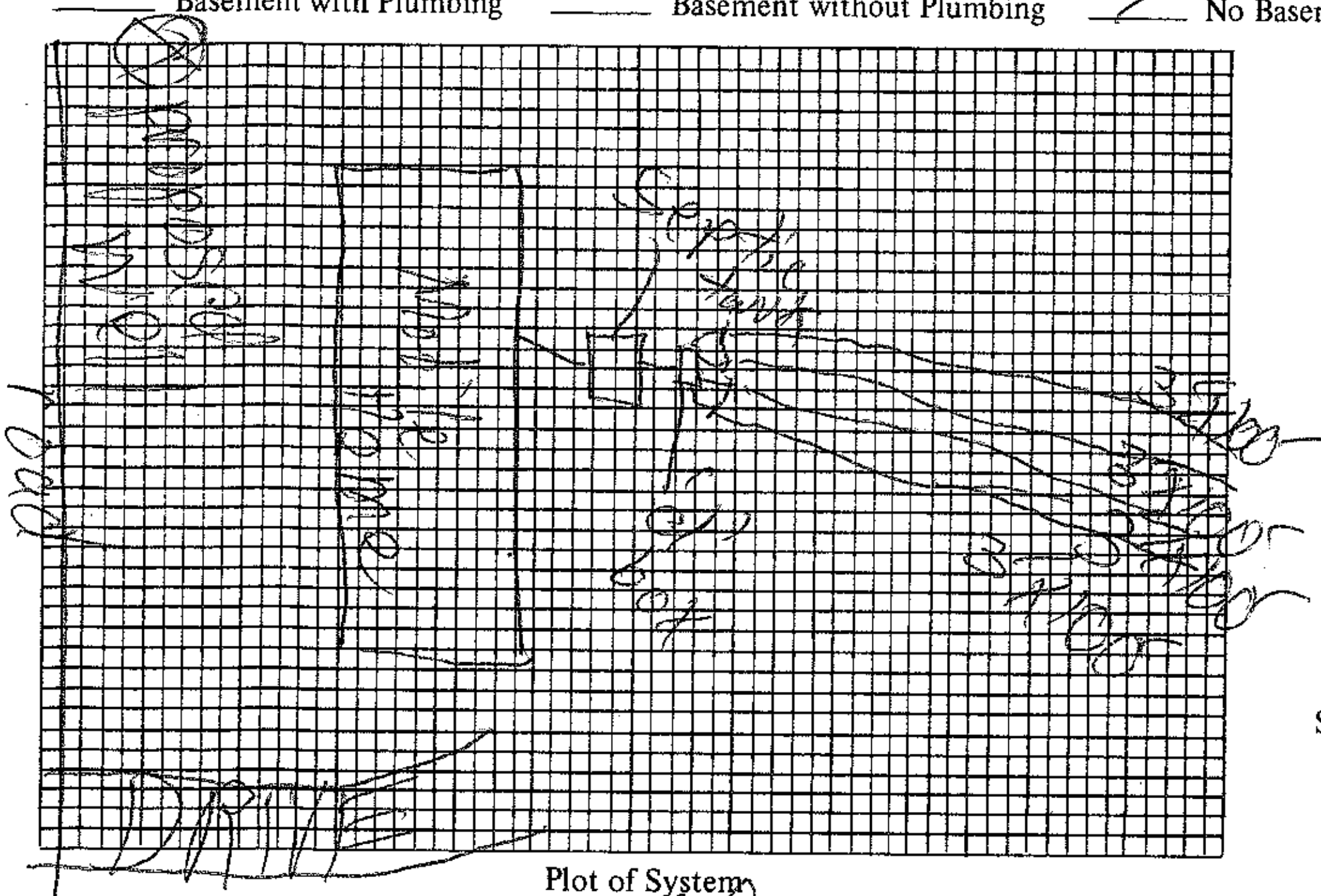
Percolation Rate 0.3 gal/ft²/day

Topography 2-4%

Depth to Water Table 4'

Rock or other impervious formations some small out croppings

______ Basement with Plumbing ______ Basement without Plumbing ✓ 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 (✓)

Public ( )

Installed by Dellinger

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

Signed: ______

Plot of System

IMPROVEMENTS PERMIT BY FAC

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 5-21-86

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