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 4-22-85 PERMIT NO. 149

PHONE: Business _____ Home _____

LOCATION 1165 TR 1142 ½ mile TR Carolwoods DR.

SUBDIVISION NAME Carolwoods (½) LOT NO. 9 S. R. No. _____ SECTION OR BLOCK NO. _____

FRONT LOT

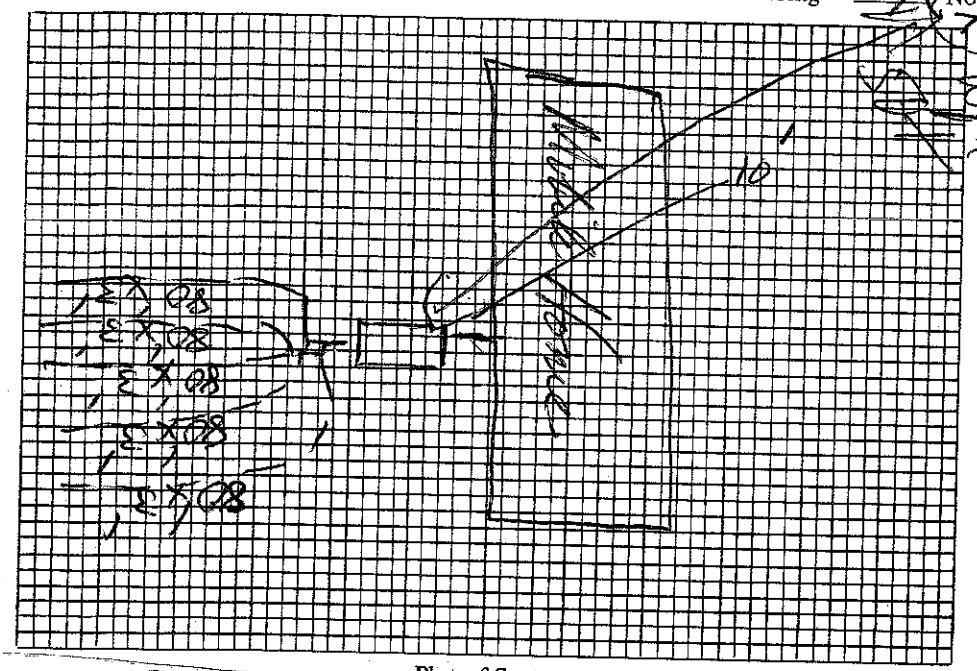
House ( ) Mobile Home (X) Business ( ) Other _____

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 ( ) No ( )
Lot Area ~1.9 ACRES

Character & Porosity of Soil Clay
Percolation Rate 0.3 gal/ft²/dn
Topography 2-4%
Depth to Water Table 24"
Rock or other impervious formations SMALL outcroppings

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 720 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: Joey Dixon

3N/2E

IMPROVEMENTS PERMIT BY Ted Clemmer

COMMENTS: Keep System Shallow, About 1½ COVER over Mounded.

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