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. 151

PHONE: Business _____ Home _____

LOCATION 1465 TR 1142 ½ Mile TL Carolwoods DR TL ¼ way up hill on R After X creek S. R. No. _____

SUBDIVISION NAME Carolwoods LOT NO. 9 SECTION OR BLOCK NO. _____ REAR LOT

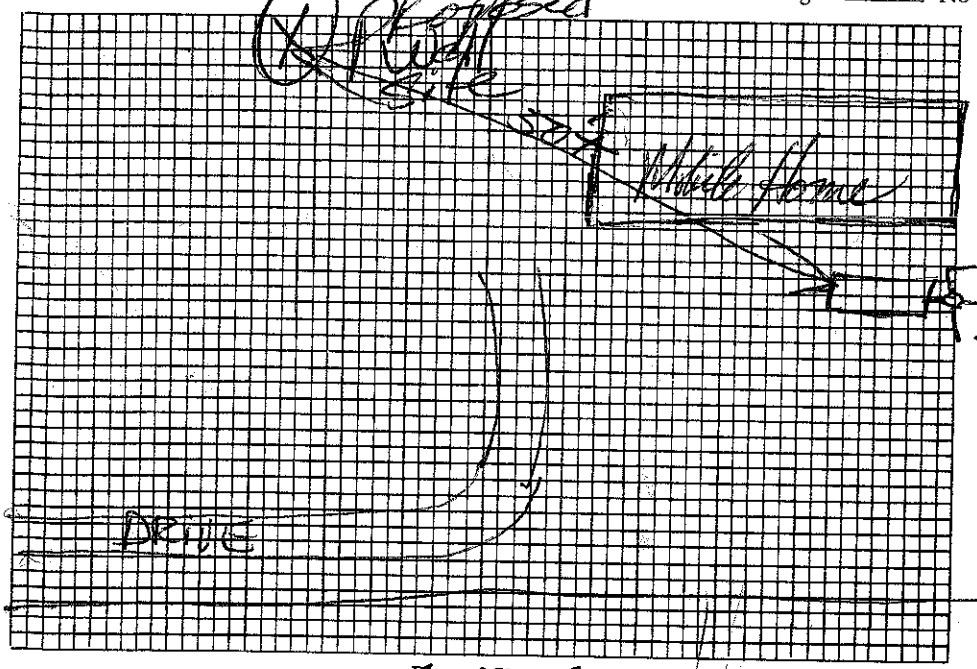
House ( ) Mobile Home (X) Business ( ) Other _____

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 (X) No ( )
Lot Area 1.7 Acres

Character & Porosity of Soil Clay Loam Wet Mod pm
Percolation Rate 0-30 MPI 2/day
Topography 2-4%
Depth to Water Table 4'
Rock or other impervious formations NONE OBS

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 3
No. of Lines _____
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines _____
Water Supply: Individual (X) Public ( )
133' x 3'
133 x 3'
133 x 3'

Installed by _____

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

Signed: X Joey D. Dixon

IMPROVEMENTS PERMIT BY Fred Clement

COMMENTS: Keep System Shallow, 1.5' COVER

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